247-221.028-443

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Registration District No. 12 File No. 7566

No. ____, ____ St. Primary Registration District No. 1 W 3 Registered No. 169

Hospital ____

FULL NAME OF CHILD ~~Baby Biggs~~ DOROTHEA BEATRICE BIGGS

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One	—	yes	Feb 21, 1912

FATHER		MOTHER	
FULL NAME	Frank W Biggs	FULL MAIDEN NAME	Susie Muller
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d Alene
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Minnesota	BIRTHPLACE	Oregon
OCCUPATION	Laundryman	OCCUPATION	Housework

Number of child of this mother, including present birth: one

Number of children, of this mother, now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 4° P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden MD

Physician (Physician or Midwife)

Address Coeur d Alene Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 8/10 19 12 H Hermann
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 7566

State of Oregon } ss.
County of Yamhill }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for unamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Feb. 21, 1912 (DATE OF EVENT)
in Coeur D'Alene (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Clerk's record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on August 10, 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Dorthea Beatrice Biggs
		Dorothea Beatrice Biggs

Subscribed and sworn to before me this 14th
day of December, 19 42

O. J. Richter

Notary Public, residing at Amity, Oregon
My commission expires Oct. 16, 1946
(SEAL)

Signed Augusta D. Biggs mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Amity, Oregon
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

OCT 9 1942

202-028-23

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Hayden Lake Registration District No. 12 File No. 7567

No. ____, ____ St. Primary Registration District No. 2151 Registered No. 172

Hospital ____

FULL NAME OF CHILD Beatrice Bennett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One	One	Yes	Apr 2, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Anthony B. Bennett	Clarabelle Stanton
RESIDENCE	Hayden Lake	Hayden Lake Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	24
BIRTHPLACE	Iowa	Michigan
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Holden, Physician

(Physician or Midwife)

Address Coeur d'Alene Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 8/10 1912 M. M. Sherman Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 21 1959

249-1041 028-614

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Registration District No. 12 File No. 7568

No. ....., ... St.

Primary Registration District No. 1003 Registered No. 111

Hospital .....

FULL NAME OF CHILD Robert Donald Burns

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	One	Yes	Apr. 4, 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Otto Donald Burns.	FULL MAIDEN NAME Voltamae Isabel Hamer
RESIDENCE 1012 Coda St. Coda.	RESIDENCE Coeur d Alene
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Kendrick Idaho	BIRTHPLACE Stevensville Mont
OCCUPATION	OCCUPATION Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Holden

Physician

(Physician or Midwife)

Address Coeur d Alene Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5/1/8 19 12 M. M. Thurman

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 26 1972

JUN 19 1941

819.2.3.028-298

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d Alene Registration District No. 12 File No. 7570

No. ....., ..., St. Primary Registration District No. 1703 Registered No. 170

Hospital Lucile Adelyne Harrison

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One	2	yes	Mch 23, 1912

FATHER	MOTHER
FULL NAME Wm Edward Harrison	FULL MAIDEN NAME Sophia Bryant
RESIDENCE Coeur d Alene	RESIDENCE Coeur d Alene
COLOR White AGE AT LAST BIRTHDAY 23 (Years)	COLOR White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Butte Mont -
OCCUPATION Seaman	OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10-00 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) W H Holden

Physician

(Physician or Midwife)

Address Coeur d Alene Idaho

Filed 5/10 1912 L. L. Thompson Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...TAL STATISTICS, BOISE, IDAHO.

23/-206-028-417

Amended 11-20-64

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 7571
Local Reg. No. 173
Reg. Dist. No. 12

1. PLACE OF BIRTH

a. COUNTY: Kootenai

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Dalton Gardens

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Kootenai

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Dalton Gardens

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Lillian

b. (Middle): Catherine

c. (Last): Stark

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) May (Day) 6, (Year) 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Jonas

b. (Middle): William

c. (Last): Stark

8. AGE (At time of this birth): 36 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Sweden

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Anna

b. (Middle):

c. (Last): Magnuson

13. AGE (At time of this birth): 34 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Sweden

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. H. Holden

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Coeur d'Alene, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 8/10/1912

22. REGISTRAR'S SIGNATURE: D. D. Drennan

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

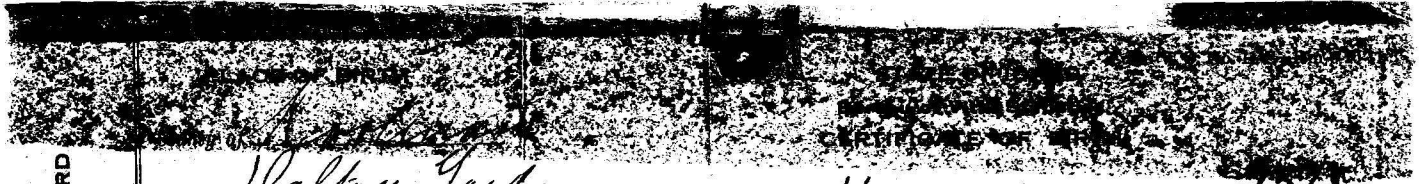
(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

City of Dalton Gardens Registration District No. 12 File No. 1371

No. ____, ____ St. Primary Registration District No. 1012 Registered No. 173

Hospital ____

FULL NAME OF CHILD Lillian Katharina Stark

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			6th May 1912

FATHER		MOTHER	
FULL NAME	William Stark	FULL MAIDEN NAME	Anna Magnuson
RESIDENCE	Dalton Gardens	RESIDENCE	Dalton Gardens
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	———

Number of child of this mother, including present birth 2nd Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:09 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Holden

Physician (Physician or Midwife)

Address Coeur d'Alene Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 6/10 19 12 H. S. Brennan Registrar

S-Y CO., 16670

NOV 20 1964

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
AUG 20 1964
Bureau of Vital Statistics

State of Idaho
County of Nez Perce } ss.

Certificate No. 7571

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lillian Katharina Stark (Name on Original Certificate) who was born (Was Born or Died) on May 6, 1912 (Date of Event)
in Dalton Gardens, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Lillian Katharina Stark	Lillian Catherine Stark
Full Name of Father	William Stark	Jonas William Stark

Subscribed and sworn to before me this 27th day of July 1964

John A. McGuire
Notary Public, residing at Lewiston Ida.
My commission expires 7/1/68
(Seal)

Signed Lillian Catherine Stark Shenman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

420 Warner Lewiston, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ILLINOIS
County of COOK } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of ~~his~~ her knowledge.

Subscribed and sworn to before me this 4TH day of August 1964

Ellen C. Gutierrez
Notary Public, residing at Chicago, Illinois
My commission expires June 24, 1966
(Seal)

Signed Esther Shipley
(Signature of Any Credible Person)

4955 N. Damen Ave
(Street Address, City, State)

FORM DH 60. 155 CL 1-9-62. one copy pd. rec. #5501.

Chicago Ill 60625

Father's Death Cert. on file: (Idaho Death) #53-4741 gives full name of deceased as Jonas William Stark - viewed by V.S.

Newspaper Clipping on father's death, printed in Coeur d'Alene, Idaho on Dec. 16, 1953 gives full name of deceased as Jonas William Stark - viewed by V.S.

Coeur d'Alene High School Diploma, Coeur d'Alene, Idaho, dated May 21, 1930 gives full name as Lillian Catherine Stark - viewed by V.S.

Certificate of Baptism, baptized March 28, 1943, Lutheran Church, Spokane, Washington, M.J. Witt, pastor - gives full name as Richard George Sheneman, born January 5, 1943 at Spokane, Washington to Orville Floyd Sheneman and Lillian Catherine Stark - viewed by V.S.

415-114-028-35-7

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7572

County of Kootenai

City of Coeur d Alene Registration District No. 12 File No.

No. , St.

Primary Registration District No. 1013 Registered No. 174

Hospital

FULL NAME OF CHILD ~~Baby~~ Lloyd David

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One	2	yes	June 14, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Claude E David	Alma Legault
RESIDENCE	Coeur d Alene	Coeur d Alene
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	31	28
BIRTHPLACE	Illinois	Montreal Can
OCCUPATION	Clerk	Housewife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Hoeldem, Physician (Physician or Midwife)

Address Coeur d Alene Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 8/10 1912 W. W. Thurman
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. U-C - 1940-C-21

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

435-118-028-465

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d Alene Registration District No. 12 File No. 7573

No. ____, ____ St. Primary Registration District No. 1703 Registered No. 175

Hospital ____

FULL NAME OF CHILD Hallie Jefferson McNeil

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One	4	Yes	June 18, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John H McNeil	Viola Monroe
RESIDENCE	Gibbs Idaho	Gibbs Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	26
BIRTHPLACE	Canada	Michigan
OCCUPATION	Teller in Saw mill	Housewife

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Haldeman, Physician (Physician or Midwife)

Address Coeur d Alene Ida

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 8/10 1912 H H Freeman Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 9 1943

JAN 1 0 1974

765/105-028-357

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls

Registration District No. 12 File No. 7574

No. ....., ... St.

Primary Registration District No. 2051 Registered No. 148

Hospital .....

FULL NAME OF CHILD Russell Egbert Goeke

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	✓	Yes	June 5th, 1912

FATHER		MOTHER	
FULL NAME	Daniel Godlove Goeke	FULL MAIDEN NAME	Mertie Amelia Leake
RESIDENCE	Post Falls, Ida.	RESIDENCE	Post Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Davis, Ill.	BIRTHPLACE	Neleigh, Neb.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. J. Tenbrook M.D.

(Physician or Midwife)

Address Post Falls Ida.

Given names added from a supplemental report

....., 19.....

Filed 6/10 1912 H. H. Freeman

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

769-216-036-842

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. H-O—10m-7-1917

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Registration District No. 12 File No. 7575

No. ____, ____ St. Primary Registration District No. 1073 Registered No. 171

Hospital ____

FULL NAME OF CHILD Cleo Gorn

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one	one	yes	July 16, 1912

FATHER		MOTHER	
FULL NAME	Ed Gorn	FULL MAIDEN NAME	Carrie Hubbard
RESIDENCE	Coeur d Alene Idaho	RESIDENCE	Coeur d Alene
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Springfield Ill.	BIRTHPLACE	Merryville Mo
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth... one

Number of children, of this mother, now living, including present birth... one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:00 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician (Physician or Midwife)

Address Coeur d Alene Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 10 1912 W. H. Hannagan Registrar

S-Y CO., 16670

GORE

DUP OF 1912-261254

Amended 4-13-61

PLACE OF BIRTH

243-230-028-219

County of Kootenai

City of Coeur d'Alene

No. 1324 Lakeside St.

Hospital

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 7576

Primary Registration District No. 1003 Registered No. 176

FULL NAME OF CHILD Frankie Cora Sullivan

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 30, 1912

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Frank W. Sullivan	FULL MAIDEN NAME	Cora Barker
RESIDENCE	Carlin Bay	RESIDENCE	Carlin Bay
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	New Hampshire	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) W. H. Holden

Physician (Physician or midwife)

Address Coeur d'Alene, Ida.

Filed 8/10/1912 D.D. Drennan Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Kootenai

City of Coeur d Alene

No. 1324 Lakeside St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 12

File No. 7576

Primary Registration District No. 1013

Registered No. 176

FULL NAME OF CHILD Frankie Sullivan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one	3rd	Yes	July 30, 191-

FATHER		MOTHER	
FULL NAME	Frank H Sullivan	FULL MAIDEN NAME	Leora Barker
RESIDENCE	Coeur d Alene	RESIDENCE	Coeur d Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	New Hampshire	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:00 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician (Physician or Midwife)

Address Coeur d Alene Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Aug 1 19 12 L. L. Sherman
Registrar

S-Y CO., 16670

APR 13 1961

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Kootenai } ss.

Certificate No. 7576

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Frankie Sullivan (Name on Original Certificate) who born (Was Born or Died) on July 30, 1912 (Date of Event) in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Frankie Sullivan	Frankie Cora Sullivan

Subscribed and sworn to before me this 14 day of December, 1960

Notary Public, residing at Coeur d'Alene, Idaho
My commission expires March 4, 1961
(Seal)

Signed Mary A Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Marine Route
Coeur d'Alene, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 8-29-60. one copy pd. receipt #06591

Marriage Certificate, State of Oregon, County of Curry, Feb. 14, 1931 gives full name of groom as Walter Steinke and full maiden name of bride as Frankie Cora Sullivan, married by C.H. Bailey, County Judge - viewed by V.S.

Notification of Birth Registration, State of Oregon, October 22, 1933 at Brookings, Oregon gives full name of parents as Walter Steineke and Frankie Cora Sullivan - viewed by V.S.

852-228-028-259

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

A + B

7577

County of Kootenai

City of Athol

No ____, ____ St.

Registration District No. 12 File No. ____

Primary Registration District No. 2051 Registered No. 139

Hospital ____

FULL NAME OF CHILD Florence Olive Hess and Frances Victoria Hess

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Females	yes	Florence first Frances second (To be answered only in event of plural births)	Yes	July 28 (Month) 1 (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Allen C. Hess	Jennie Klinkerx
RESIDENCE	Athol, Ida.	Athol, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	28
BIRTHPLACE	Indiana	Calif.
OCCUPATION	Methodist Minister	Housework

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 and 10 M. on the date above stated. 30 11, 45

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Stacy

Physician

(Physician or Midwife)

Address Rathdrum Ida

Given names added from a supplemental report

....., 19.....

Filed 8/10 1912 H. H. Freeman

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17328

JUN 13 1966

APR 1 1942

V0.0250 1912-19974

852-228-028-259

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

A + B

7577

County of Kootenai

City of Athol

No ____, ____ St.

Registration District No. 12 File No. ____

Primary Registration District No. 2051 Registered No. 139

Hospital ____

FULL NAME OF CHILD Florence Olive Hess and Frances Victoria Hess

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Females	yes	Florence first Frances second (To be answered only in event of plural births)	Yes	July 28 (Month) 1 (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Allen C. Hess	Jennie Klinkerx
RESIDENCE	Athol, Ida.	Athol, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	28
BIRTHPLACE	Indiana	Calif.
OCCUPATION	Methodist Minister	Housework

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 and 10 M. on the date above stated. 30 11, 45

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Stacy

Physician

(Physician or Midwife)

Address Rathdrum Ida

Given names added from a supplemental report

....., 19.....

Filed 8/10 1912 H. H. Freeman

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17328

JUN 13 1966

APR 1 1942

V0.0250 1912-19974

154-129.028-787

Form V. S. No. 11-C—2m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Kootenai

City of Spirit Lake

No. ..... St.

Hospital .....

Registration District No. 12 File No. 7578

Primary Registration District No. 2051 Registered No. 138

FULL NAME OF CHILD Baby Lindroom

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 29 1912

FATHER

FULL NAME Frank Lindroom

RESIDENCE Spirit Lake

COLOR W. AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Sweden

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Sophia Gyfesson

RESIDENCE Spirit Lake

COLOR W. AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Sweden

OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Warren D. Moore

Physician (Physician or midwife)

Address Spirit Lake Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 5/10 1912 H. L. Hoffman Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213.124.028-556

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 12 File No. 7579

Primary Registration District No. 2049 Registered No. 157

FULL NAME OF CHILD Hiram Alonzo Batten

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 24, 1912

FATHER		MOTHER	
FULL NAME	Thomas Calvin Batten	FULL MAIDEN NAME	Emma Pearl Newton
RESIDENCE	Harrison	RESIDENCE	Harrison
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Wisconsin
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard le Lisle

Physician (Physician or Midwife)

Address Harrison Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 8/10 1912 H. H. Freeman
Registrar

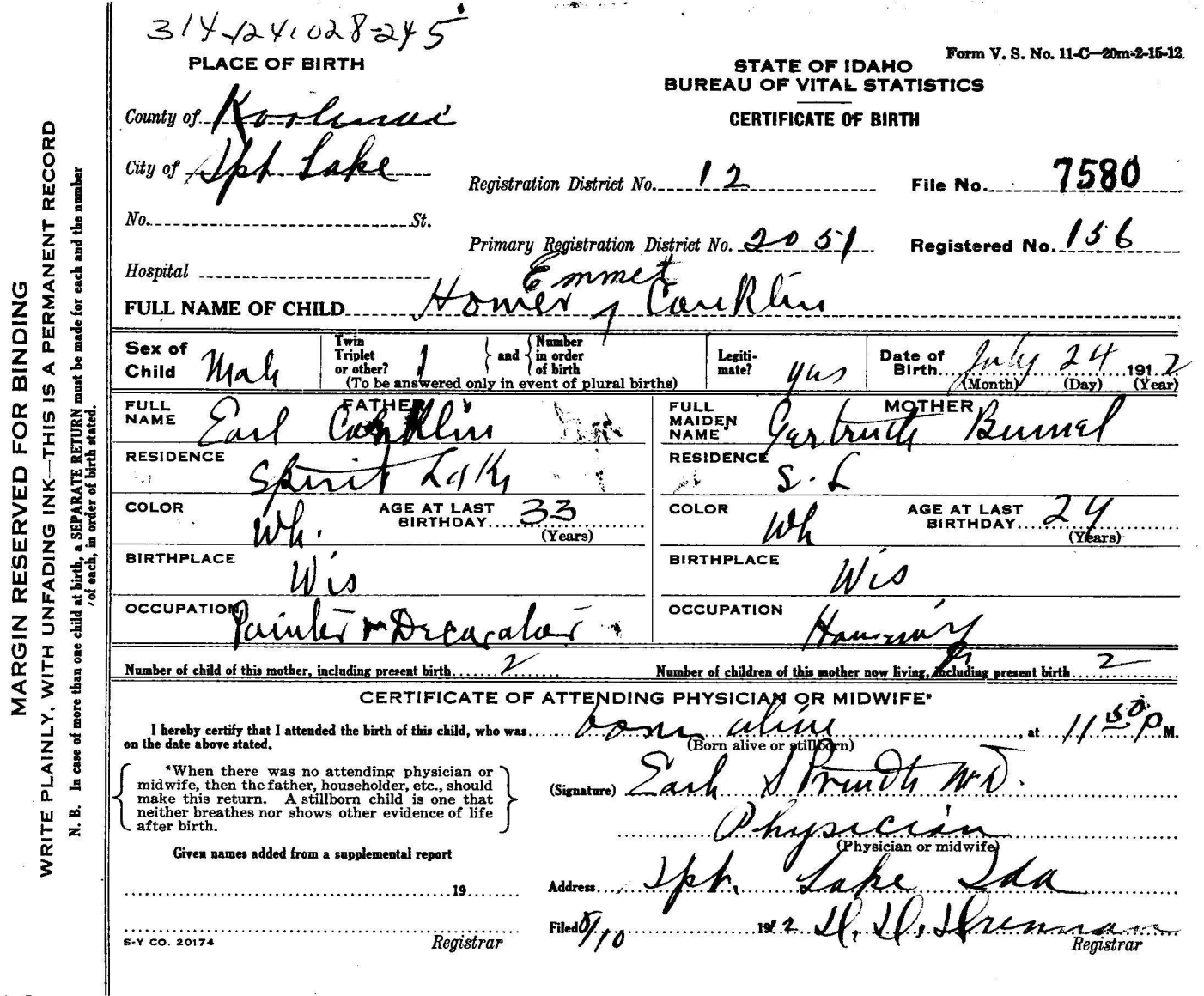
B-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

8



314-24-02824 5

PLACE OF BIRTH

County of Kootenai

City of Upt Lake

No. ..... St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 7580

Primary Registration District No. 2051 Registered No. 156

FULL NAME OF CHILD Homer Emmet Conklin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1		yes	July 24 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl Conklin	Gertrude Bunnel
RESIDENCE	Spirit Lake	S. L
COLOR	Wh.	Wh
AGE AT LAST BIRTHDAY (Years)	33	24
BIRTHPLACE	Wis	Wis
OCCUPATION	Painter & Decorator	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 50 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl S Trundy M.D.

Physician (Physician or midwife)

Address Upt. Lake Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 8/10 1912 H. V. Freeman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

194-219-028-249

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ____, ____ St.

Hospital ____

FULL NAME OF CHILD Mary Louise Armstrong

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 12 File No. 7581

Primary Registration District No. 219 Registered No. 153

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	July 19, 1912

FATHER		MOTHER	
FULL NAME	Oliver Armstrong	FULL MAIDEN NAME	Emma May Burris
RESIDENCE	Harrison	RESIDENCE	Harrison
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Washington
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Howard L. Lisle

Physician

(Physician or Midwife)

Address Harrison Idaho

Filed 8/10 1912 H. H. Hansen Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 3 1948

MAR 11 1948

165-118-028-533

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 12 File No. 7582

Primary Registration District No. 113 Registered No. 152

FULL NAME OF CHILD Arthur Jones

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Single	1	yes	July 18, 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Jones	Jessie Viola Ellerett
RESIDENCE	Coeur d'Alene Ida	Coeur d'Alene Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	New York	Oregon
OCCUPATION	Farmer	Home wife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Rupp MD

(Physician or Midwife)

Address Coeur d'Alene Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 10 1917 W. H. Freeman

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 5 1942

855-218-028-693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spk. Lake Ida Registration District No. 12 File No. 7583

No. ____ St. Primary Registration District No. 2051 Registered No. 154

Hospital ____

FULL NAME OF CHILD [redacted] Katherine Hennessey

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fem	1		yes	July 18 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward Hennessey	Maysie Wilson
RESIDENCE	Spirit Lake	Sp L.
COLOR	Wh	Wh
AGE AT LAST BIRTHDAY (Years)	28	21
BIRTHPLACE	Pa	Ill
OCCUPATION	R.R. Brakeman	Wife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D. Prindle M.D.

Physician (Physician or midwife)

Address Spk. Lake Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5/10 1912 C. H. Freeman

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/5/41 L. B.

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

1553

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Post Falls

Street and House No.

County Kootenai

Registered Number 154

Registration District No. 12

Sex of Child Female

Date of Birth, July (Month) 18 (Day) 1912 (Year)

Full Name of Father Edward Kennedy

Full Maiden Name of Mother Mayme Wilson

I HEREBY CERTIFY that the child described herein has been named:

Katherine Kennedy
(Given name in full) (Surname)

as reported by Mother
(Father or Mother)

Ward A. Freeman
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

FEB 29 1944

259-118-028-354

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene — Registration District No. 12 — File No. 7584

No. 1024, Beacroft St. — Primary Registration District No. 173 — Registered No. 133

Hospital

FULL NAME OF CHILD Joseph Narcisse Oscar Berry

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male Female	Single	1	Yes	July 16th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Berry	Eugenie Lemouchague
RESIDENCE	Coeur d'Alene, Ida.	Coeur d'Alene, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	29
BIRTHPLACE	Quebec, Can.	Alonva, Can.
OCCUPATION	Lumberman	House wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer Phys.

(Physician or Midwife)

Address Coeur d'Alene Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 8/16 1912 H. H. Greene
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 5 1972

756-2/2 1028-842

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 12 File No. 7585

No. 1041, 5-½ St.

Primary Registration District No. 1-1-3 Registered No. 154

Hospital

FULL NAME OF CHILD Anise Claire George

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	1	Yes	July 12, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Burl Moore George	Edith Harriet Hubbell
RESIDENCE	Coeur d'Alene, Ida.	Coeur d'Alene, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	20
BIRTHPLACE	Macon, Mo.	Ill.
OCCUPATION	Teacher	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1 A. M.

on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Dwyn Phys.

(Physician or Midwife)

Address Coeur d'Alene Ida

Given names added from a supplemental report

....., 19.....

Filed 8/10 1912 H. H. Freeman

.....
Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Dup CD 1912-780546

334/106-028-133

PLACE OF BIRTH

County of Kootenai

City of Black Lake

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 7587

Primary Registration District No. 2049 Registered No. 149

FULL NAME OF CHILD Floyd Frederick Clupfel

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes	July 6, 1912

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Geo A Clupfel	Elva Allen
RESIDENCE	Black Lake Idaho	Black Lake Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	27
BIRTHPLACE	Ill.	Neb.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive July 6/12, at 6.15 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Feeney

Physician

(Physician or Midwife)

Address Harrison Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 6/10 1912 R. H. Freeman

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Black Lake
Street and House No.
County Kootenai

Registered Number 149

Registration District No. 12

Sex of Child Male

Date of Birth, July (Month) 6 (Day) 191 2 (Year)

Full Name of Father George Frederick Claylish

Full Maiden Name of Mother Elva Allen

I HEREBY CERTIFY that the child described herein has been named:

Floyd Frederick Claylish
(Given name in full) (Surname)

as reported by Father
(Father or Mother)

D D Freeman
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

JAN 25 1943

961-213-028961

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Granite

Registration District No. 2051

File No. 7588

No. ....., ... St.

Primary Registration District No. 2051

Registered No. 168

Hospital .....

FULL NAME OF CHILD Thelma Edithe Brooks

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f			yes	July 10, 1912

FATHER		MOTHER	
FULL NAME	Alva C. Brooks	FULL MAIDEN NAME	Carrie M Brooks
RESIDENCE	Granite	RESIDENCE	Granite
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ida
OCCUPATION	Rancher	OCCUPATION	Hse

Number of child of this mother, including present birth ..1.....

Number of children, of this mother, now living, including present birth ..1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L L Freeman M D

(Physician or Midwife)

Address Ranchester Ida

Given names added from a supplemental report

....., 19.....

Filed 8/10 1912 H. H. Freeman

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

4/8-101-028-257

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

~~City of~~ Hauser Lake

No. P.O. Post Falls R.F.D.

Registration District No. 12 File No. 7589

Primary Registration District No. 2051 Registered No. 133

Hospital

FULL NAME OF CHILD Harry Mayhew

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	July 1st 1912

FATHER		MOTHER	
FULL NAME	Joseph H. Mayhew	FULL MAIDEN NAME	Vesta Beal
RESIDENCE	Hauser Lake, P.O. Post Falls	RESIDENCE	Hauser Lake, P.O. Post Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Miss.	BIRTHPLACE	Wis.
OCCUPATION	Merchant	OCCUPATION	housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 6.30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Kleng

Physician.

(Physician or Midwife)

Address Rathdrum Ida.

Given names added from a supplemental report

....., 19.....

Filed 7/10 1912. A. M. Drennan

Registrar

.....

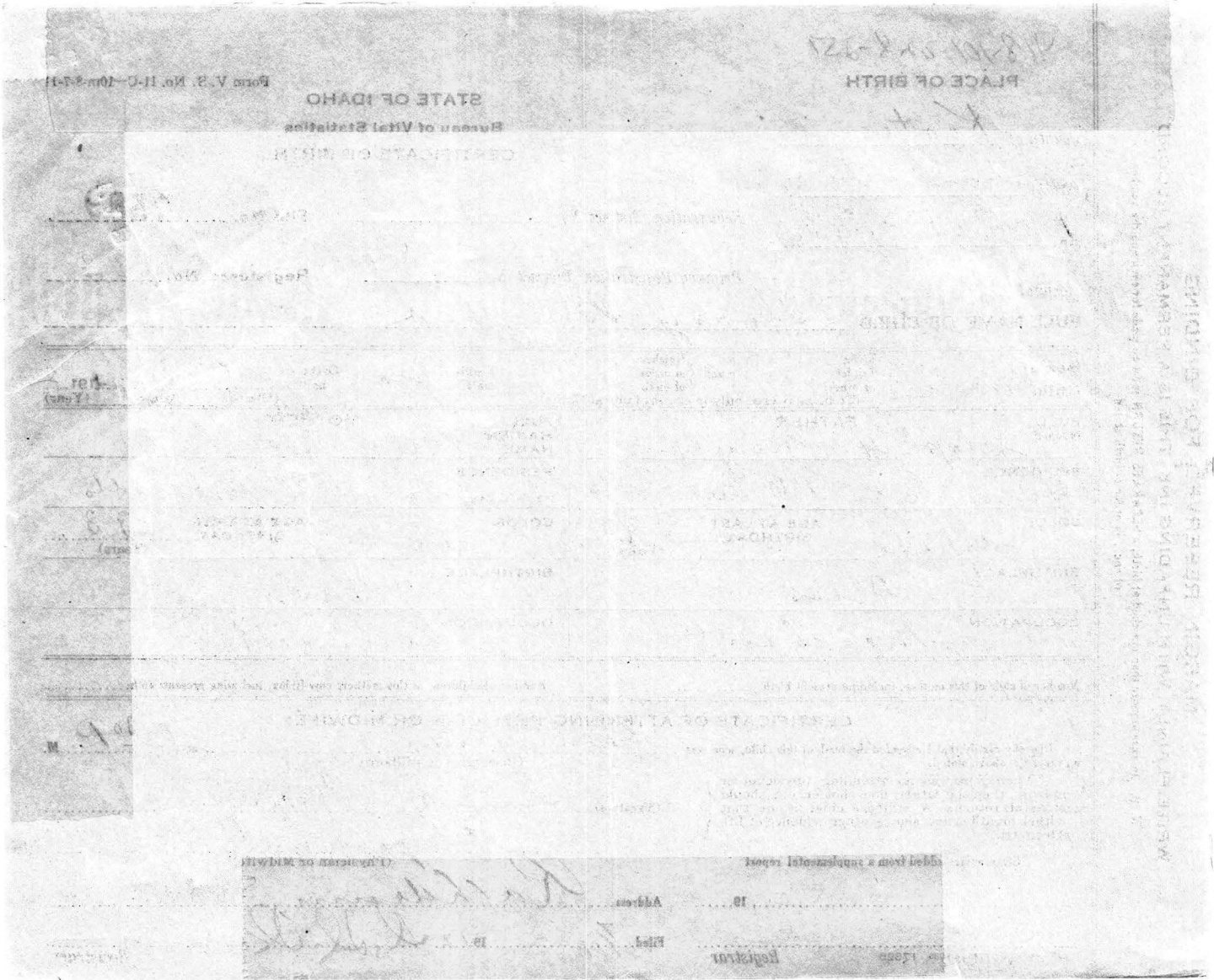
Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



565-202-028-466

Form V. S. No. 15-C—15m-6-20-11

PLACE OF BIRTH

County of Kootenai

City of Kingston

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 7590

Primary Registration District No. 2049 Registered No. 134

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		4	Yes	July 2, 1912.

FATHER		MOTHER	
FULL NAME	Jno Davey.	FULL MAIDEN NAME	Sarah Ellen Dood.
RESIDENCE	Kingston Idaho	RESIDENCE	Kingston Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	48	COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Wisconsin	BIRTHPLACE	Iowa.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive July 2. 1912. at 5.50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. M. Finney.

Physician

(Physician or Midwife)

Address Harrison Idaho

Given names added from a supplemental report

..... 19.....

Registrar

Filed 7/10 19 12 A. L. Lehmann

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

259-101-028-419

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

Registration District No. 12 File No. 7591

No. ____, ____ St.

Primary Registration District No. 2149 Registered No. 135

Hospital ____

FULL NAME OF CHILD Giovanni Frank Scienchetti Serafino

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	July 1, 1912

FATHER		MOTHER	
FULL NAME	Scienchetti Serafino	FULL MAIDEN NAME	Carmelina Marrafio
RESIDENCE	Harrison	RESIDENCE	Harrison
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard le Fisle

Physician

(Physician or Midwife)

Address Harrison

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 7/10 1912 H. H. Hansman Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 12-338500

593102-028-791

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spk. Lake

No. ..... St.

Hospital "Priest"

Registration District No. 12 File No. 7592

Primary Registration District No. 2051 Registered No. 136

FULL NAME OF CHILD [illegible] Guy T. Nichols

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	1	—	Yes	July 2 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alvin Nichols	Ada Platt
RESIDENCE	Spirit Lake	Sp Lake
COLOR	Whit-	Whit-
AGE AT LAST BIRTHDAY (Years)	32	31
BIRTHPLACE	Wis	Kansas
OCCUPATION	Carpenter.	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alvin (Born alive or stillborn), at 5-05 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Zada L. Priest Mid.

(Physician or midwife)

Address Spirit Lake Idaho

Given names added from a supplemental report

..... 19.....

Filed 7/0 1912 A. L. Sussman Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

942-215-088-419

PLACE OF BIRTH

County of Kootenai

City of Blanchard

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

Registration District No. 12 File No. 7593

Primary Registration District No. 21 57 Registered No. 187

FULL NAME OF CHILD Baby Rusho Elsie G. Rusho

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	Sing		Yes	7 – 15 – 191 2

	FATHER	MOTHER
FULL NAME	Frank Rusho	
FULL MAIDEN NAME		Nabla Mayo
RESIDENCE	Blanchard -	Blanchard -
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	21
BIRTHPLACE	Nebraska -	Wisconsin
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harris D Moore

Physician (Physician or midwife)

Address Spirit Lake - Ida -

Given names added from a supplemental report

____ 19____

____ Registrar

Filed 7/10 1912 [illegible] Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. U-C 200-8-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

RECEIVED
OCT 8 - 1956
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 7593

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Rusho (Name on Original Certificate) who was born (Was Born or Died) on 7-15-12 (Date of Event)
in Blanchard (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on viewed by Vital Stat (Give Date), are:
Deon Childs Cert 13 April 33 SC

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Baby Rusho	Elsie Genevieve Rusho

Viewed by U.S.

Subscribed and sworn to before me this 4 day of Oct 1956

Notary Public, residing at Blanchard Idaho
My commission expires May 20 - 1960
(Seal)

Signed X Frank Rusho (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Blanchard Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonner }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of Oct 1956

Notary Public, residing at Sandpoint Idaho
My commission expires May 20 - 1960
(Seal)

Signed Nellie R Jones (Mrs)
(Signature of Any Credible Person)

Bellman Wash
(Street Address, City, State)

FORM DPH 55.155

1 copy pd

RECEIVED
AUG 22 19

281-216-c28-383

PLACE OF BIRTH

Form C-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7594

County of Kootenai

City of Rose Lake

Registration District No. 12 File No.

No. , St.

Hospital Residence

Primary Registration District No. 218 Registered No. 138

FULL NAME OF CHILD Lulu Margret Shaffer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	S	2	Yes	June 16, 1912

FATHER	MOTHER
FULL NAME Wm O Shaffer	FULL MAIDEN NAME Dollie Tyler
RESIDENCE Rose Lake Ida	RESIDENCE Rose Lake Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Ill.	BIRTHPLACE Mich
OCCUPATION Carriage Rider in Saw Mill	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. E. Huntington

Physician (Physician or Midwife)

Address Rose Lake Ida

Given names added from a supplemental report

....., 19.....

Filed 8/10 1912 R. H. Hannan Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wash } ss.
County of Snohomish }

Certificate No. 7594

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lulu margret Shaffer (Name on Original Certificate) who July 16 (Was Born or Died) on 1912 (Date of Event)
in Rose Lake Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on March 24 / 1944 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Lulu Margret Shaffer
Lulu Margret Shaffer		Nellie Millett

Subscribed and sworn to before me this 21st
day of March, 19 44
Janice E. Hamilton
Notary Public, residing at Monroe.
My commission expires Dec. 18, 1945
(Seal)

Signed Mrs. F. M. Millett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Monroe Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Snohomish }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st
day of March, 19 44
Janice E. Hamilton
Notary Public, residing at Monroe.
My commission expires Dec. 18, 1945
(Seal)

Signed Frank Murray Millett
(Signature of Any Credible Person Other Than Previous Year)
Monroe, Wash.
(Street Address, City, State)

MAR 30 1944

255 113-028-414

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. [illegible]

CERTIFICATE OF BIRTH

County of Kootenai

City of Rose Lake

Registration District No. 12 File No. 7595

No. ....., ... St.

Primary Registration District No. 218 Registered No. 139

Hospital Residence

FULL NAME OF CHILD Clarence Ivan Benson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single (To be answered only in event of plural births)	First	Yes	July 13, 191[illegible]

FATHER		MOTHER	
FULL NAME	Fred Benson	FULL MAIDEN NAME	Christina Madsen
RESIDENCE	Rose Lake Ida	RESIDENCE	Rose Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Denmark
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth: First

Number of children, of this mother, now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) C. E. Worthington

Physician

(Physician or Midwife)

Address Rose Lake Ida

Filed 9/10 19 12 [illegible]
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Clarence

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 25 2 40 PM '73

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 7595

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Benson (Male) (Name on Original Certificate) who was born (Was Born or Died) on July 13, 1912 (Date of Event)
in Rose Lake, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child;s name	Unnamed Benson	Clarence Ivan Benson

Subscribed and sworn to before me this 25th day of April, 19 73

Florence Curtright

Notary Public, residing at Baker

My commission expires 4-20-73

(Seal)

Signed Mrs Clarence I Benson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2004 Adams Ave LaGrande, Oreg
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 3/12/73 nm

APR 2 5 1973

Insurance Policy #214050 issued April 7, 1947 with Lutheran Brotherhood gives name as Clarence Ivan Benson born July 13, 1912 in Rose Lake, Idaho. --Viewed by VS.

Photocopy of birth certificate of own child-State of Alaska Cert. No.(~~150-55-00293~~ 150-55-02937,William Richard Benson,born June 14, 1955 at Seward, Alaska gives fathers name as Clarence Ivan Benson.
Viewed by VS

691-201-028-533

PLACE OF BIRTH

County of Kootenai

City of Lane

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 12 File No. 7596

Primary Registration District No. 2118 Registered No. 140

FULL NAME OF CHILD Not named

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		4th	yes	July 1, 1912

FATHER		MOTHER	
FULL NAME	J. P. Frazier	FULL MAIDEN NAME	Virgie Ellis
RESIDENCE	Lane	RESIDENCE	Lane
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	N. C.	BIRTHPLACE	Tenn.
OCCUPATION	Common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. L. Reger

Physician

(Physician or Midwife)

Address Harrison Idaho

Given names added from a supplemental report

July 10, 1912

Filed July 8, 1912 H. H. Hinman

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

F.B. 764-028-261

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7597

County of Kootenai

City of Harrison

Registration District No. 12

File No.

No. , St.

Primary Registration District No. 2049

Registered No. 141

Hospital Harrison Hospital Allen

FULL NAME OF CHILD Albert Ray

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1st	yes	July 4, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R. A. Ray	Grace Swain
RESIDENCE	Blackclark	Blackclark
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	32
BIRTHPLACE	Missouri	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Ryer

(Physician or Midwife)

Address Harrison, Ida

Given names added from a supplemental report

July 10, 1912

Registrar

Filed 7/10 1912 H. H. Sherman

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 10 1953

AUG 16 1954

JUN 26 1942

593.205 · 128 · 443

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Idaho 6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7598

County of Kootenai

City of Harrison

Registration District No. 12 File No.

No. ....., ... St.

Primary Registration District No. 2049 Registered No. 142

Hospital .....

FULL NAME OF CHILD Jessie Nickerson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2nd	Yes	July 5, 1912

FATHER		MOTHER	
FULL NAME	A. J. Nickerson	FULL MAIDEN NAME	Jeanette Mullins
RESIDENCE	Harrison	RESIDENCE	Harrison
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38	COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Cook	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Rogers

(Physician or Midwife)

Address Harrison, Ida.

Given names added from a supplemental report

July 10, 1912

Registrar

Filed 7/10 1912 A. M. Brennan

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

469.106-028-291

PLACE OF BIRTH

County of Kootenai

City of Medimont

No. ..... St.

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 7599

Primary Registration District No. 2049 Registered No. 143

FULL NAME OF CHILD Not named THOMAS WILLIAM MORRIS

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1st	yes	July 6, 1912

FATHER		MOTHER	
FULL NAME	N. S. Morris	FULL MAIDEN NAME	Gladys Breaking
RESIDENCE	Medimont	RESIDENCE	Medimont
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Iowa	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	22
		BIRTHPLACE	Kan.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A.M. on the date above stated.

(Signature) E. L. Reger

Physician (Physician or Midwife)

Address Harrison Ida

Filed July 7, 1912 L. M. Thurman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

July 10, 1912

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 28 1953

OCT 11 1974

696-102-028-469

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

7600

County of Kootenai

City of Harrison Registration District No. 12 File No.

No. ____, ____ St.

Primary Registration District No. 2s 49 Registered No. 144

Hospital ____

FULL NAME OF CHILD Not named

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		5th	yes	July 7, 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter Froet	Rose Morin
RESIDENCE	Harrison	Harrison
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	26
BIRTHPLACE	Mich.	Mich.
OCCUPATION	Common Laborer	Housework

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3.0 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Rogers
Physician
(Physician or Midwife)

Given names added from a supplemental report

July 10, 1917 Address Harrison Idaho

Registrar Filed July 10, 1917 Registrar

S-Y CO., 16670

MARGIN RESERVED FOR ... WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN MUST BE LEFT FOR BINDING — WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE CERTIFICATE must be made for each child.

OCCUPATION

PLACE OF BIRTH

619-206-028-3[redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur D'Alene

Registration District No. 2

File No. 7601

No. ____, ____ St.

Primary Registration District No. 103

Registered No. 145

Hospital ____

FULL NAME OF CHILD Annie Laura Ward

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single		Yes	7/6-12, 191...

FATHER		MOTHER	
FULL NAME	Geo. Wesley Ward	FULL MAIDEN NAME	Madge Landon
RESIDENCE	Coeur D'Alene, Ida	RESIDENCE	Coeur D'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mont.	BIRTHPLACE	Pioneer, Mont.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Byrns Phys.

(Physician or Midwife)

Address Coeur d'Alene Ida

Given names added from a supplemental report

..... 19.....

Registrar

Filed 7/11 19 12 H. H. Brennan

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE [redacted]HO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 1012, 3rd St.

Registration District No. 12

File No. 7602

Primary Registration District No. 173

Registered No. 146

Hospital

FULL NAME OF CHILD Nelle Porterfield

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single			July 12, 1912

FATHER		MOTHER	
FULL NAME	Andrew C. Porterfield	FULL MAIDEN NAME	Myrle Hobbins
RESIDENCE	Coeur D'Alene	RESIDENCE	Coeur d'Alene,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION		OCCUPATION	Home wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.55 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J C Dwyer

Phys.

(Physician or Midwife)

Address Coeur d'Alene Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 8/10 1912 S. A. Brennan
Registrar

S-Y CO., 16670

DUP OF 1912-301259

912-121-028-354

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Rose Lake

No. (1/2 Mile West) St.

Hospital Residence

Registration District No. 12 File No. 7603

Primary Registration District No. 2118 Registered No. 147

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	S	1	Yes	June 21 1912

FATHER		MOTHER	
FULL NAME	Emmet Rakestraw	FULL MAIDEN NAME	Jessie May Lemard
RESIDENCE	Rose Lake Ida	RESIDENCE	Rose Lake Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	N.K.	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Missouri	BIRTHPLACE	Washington
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Washington Physician

(Physician or Midwife)

Address Rose Lake, Ida.

Given names added from a supplemental report

....., 19.....

Filed 7/10 1912

.....
Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

369-123001-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1310 Franklin St.

Hospital St. Lukes

Registration District No. 2 File No. 7606

Primary Registration District No. 1004 Registered No. 65

FULL NAME OF CHILD John Robinson Cory

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		One	yes	8 23 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm. Earle Cory	May Wood
RESIDENCE	1310 Franklin	1310 Franklin
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	32
BIRTHPLACE	Wisconsin	New York
OCCUPATION	Civil Engineer	Housewife

Number of child of this mother, including present birth... One

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. W. F. Smith

(Physician or Midwife) S.Y.

Given names added from a supplemental report

8-26-1912

Address 410 Overland

Filed Aug. 28 1912 Ray McConnell Registrar

Registrar

S-Y CO., 16670

365-224-001-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C~~-30m-9/7-11~~

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada Amended 12/16/74

City of Boise

No. 317, Grove St.

Hospital St Lukes

Registration District No. 2 File No. 7607

Primary Registration District No. 1004 Registered No. 62

FULL NAME OF CHILD Amalia Josephine Loeppenrin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	8 24 1912

FATHER		MOTHER	
FULL NAME	Oscar Loeppenrin	FULL MAIDEN NAME	Minnie Stephens
RESIDENCE	317 Grove St	RESIDENCE	317 Grove St.
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	41	COLOR	W.	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Texas	BIRTHPLACE	Michigan
OCCUPATION	~~Gen~~ Real Estate	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Tillotson M.D.

(Physician or Midwife)

Address Talk Bldg

Given names added from a supplemental report

....., 19.....

Filed Aug 26 1912 Jay McConnel Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

NOV 1 2 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 25 10 26 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington
County of Spokane } ss.

Certificate No. 7607

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Amelia Toepperwein (Name on Original Certificate) who was born (Was Born or Died) on Aug. 24, 1912 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by two marriage documents (Bible Record, Insurance Policy, Etc.) prepared on 3/24/34 & 4/19/34 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Amelia	Amalia

Subscribed and sworn to before me this 21st day of November, 1974

Notary Public, residing at SPOKANE, WASHINGTON

My commission expires March 18, 1978

(Seal)

Signed Hattie K. Toepperwein
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

W. 618 Nora - Spokane, Wa. 99205
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 11/12/74 lbc pd. rec. # 19207

Marriage License and Certif. gives name as as Richard Meyers and Amalia Ann Toepperwein. dated April 19, 1934. viewed by V. S.

DEC 16 1974

Warranty Deed gives nameaas Richard P. Meyers and Amalia A. MXXYMeyers. dated XMXX 1 Aug 15, 1956. viewed by V. S.

95-115-001-632

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ada

City of Boise

No 513, 1013 St.

Hospital St Lukes

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 2 File No. 7608

Primary Registration District No. 164 Registered No. 58

FULL NAME OF CHILD Clarence Egeland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	8 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Egeland	Elizabeth Olsen
RESIDENCE	513 So 13 St	513 So 13
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	32	33
BIRTHPLACE	Norway	Norway
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pettengee

(Physician or Midwife)

Given names added from a supplemental report

Aug 26 1912 Address Bath Bldg

Amy McConnel Registrar

Filed Aug 23 1912 Amy McConnel Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

789-117-001-866

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Registration District No. 2 File No. 7609

Hospital St. Luke's Hospital Primary Registration District No. 1004 Registered No. 56

FULL NAME OF CHILD William Monrow Phippen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	August 17 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: William Clarence Phippen	FULL MAIDEN NAME: Jennie Howard
RESIDENCE: Carey, Idaho	RESIDENCE: Carey, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 52 (Years)	AGE AT LAST BIRTHDAY: 45 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: England
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. H. Tallman

(Physician or Midwife)

Address Boise, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 8-20 1912 Ray McConnell
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 30 1958

DECEASED

266-1041 001-753

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 7610

No. ____, ____ St.

Primary Registration District No. 1004

Registered No. 43

Hospital St Luke's Hospital

FULL NAME OF CHILD John Booth

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	/	/	yes	Aug 4 1912

FATHER		MOTHER	
FULL NAME	S. B. Booth	FULL MAIDEN NAME	Emma W Peck
RESIDENCE	Nampa, Idaho	RESIDENCE	Nampa, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Pa	BIRTHPLACE	Washington D. C. Nampa, Idaho
OCCUPATION	Episcopal minister	OCCUPATION	House wife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. P. McCalla

(Physician or Midwife)

Given names added from a supplemental report

Aug 6 1912

Address Boise, Idaho

Filed Aug 6 1912

Gay McCunn D. Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 15 1956

NAME CHANGE

DUP OF 1912 D 56-807

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

195 105 001 199

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 217½ So 9 St.

Hospital

Registration District No. 2 File No. 7611

Primary Registration District No. 1004 Registered No. 37

FULL NAME OF CHILD Urbano Arego

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	8 5 1912

FATHER		MOTHER	
FULL NAME	Benito Arego	FULL MAIDEN NAME	Eulogia Arregui Irena
RESIDENCE	217½ So 9th	RESIDENCE	217½ So 9th
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Hotel Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5-9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Tillenger

(Physician or Midwife)

Address Falk Bldg

Given names added from a supplemental report

....., 19.....

Filed 8-6-1912 Mary McCann

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

289-123-004-713

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City or Town Boise

No. 1808 N. 14th St.

Hospital

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 7612

Primary Registration District No. 1004 Registered No. 32

FULL NAME OF CHILD Leonard Stanley Shippen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 23, 1912

FATHER		MOTHER	
FULL NAME	Charles S. Shippen	FULL MAIDEN NAME	Etta V. Pace
RESIDENCE	1808 N. 14th Boise	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	24 yrs	AGE AT LAST BIRTHDAY (Years)	25 yrs
BIRTHPLACE	Kans.	BIRTHPLACE	Iowa
OCCUPATION	Stockman	OCCUPATION	N. N.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Hill

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed AUG 3 - 1912 19..... Jay McConnell

Registrar

S-Y CO., 16670

AUG 9 1944

793-12610d-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 212, So. 5 St.

Registration District No. 2 — File No. 7613

Primary Registration District No. 1004 — Registered No. 35

Hospital

FULL NAME OF CHILD Elmo Edwin Pitts

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	July 26, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Benjamin Pitts	Ruth Feleeia Stewart
RESIDENCE	Boise, Ida.	Boise, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	24
BIRTHPLACE	Newburyport, Mass.	Clarkston, Utah
OCCUPATION	Cook	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:15 A. M. on the date above stated.

(Signature) E. E. Shawhan

Physician (Physician or Midwife)

Address Boise, Idaho

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Filed AUG 6 - 1912

Gay McConnel Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 29 1948

FEB 11 1974

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of [illegible]

City of [illegible]

Registration District No. 2 File No. 7614

No. ____, ____ St.

Primary Registration District No. 1004 Registered No. 61

Hospital St [illegible]

FULL NAME OF CHILD Richard Leroy Graves

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	/	/	yes	Aug. 23, 1912

FATHER		MOTHER	
FULL NAME	E. L. Graves	FULL MAIDEN NAME	Lucy O'Brien
RESIDENCE	2929 W. State. Boise	RESIDENCE	[illegible] Boise
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	New York	BIRTHPLACE	Ill
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCall

(Physician or Midwife)

Given names added from a supplemental report

Aug 26 1912

Address Boise Idaho

Filed Aug. 26 1912 Jay McConnell Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 3 9 1943

MAR 3 1964

JAN 8 1968

45-9-109-00-945

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C Rev. 6-30

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 7615

No. 817, No 21st St. — Primary Registration District No. 1004 — Registered No. 46

Hospital

FULL NAME OF CHILD George Dunne Merrill

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	Aug 9th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George L. Merrill	Georgina Dunne
RESIDENCE	817 No 21st St	817 No 21st St
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	29
BIRTHPLACE	Illinois	Colorado
OCCUPATION	Buyer - Falk Mercantile	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 9.20 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M. D.

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Filed 8-12-12 Amy M. O'Connell Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 2 6 1942

155-104-00-362

Amended 3-14-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 7616
Local Reg. No. 41
Reg. Dist. No. 2

1. PLACE OF BIRTH
a. COUNTY: Ada
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise
d. STREET ADDRESS (If rural, give location): Warm Springs Avenue

3. CHILD'S NAME (Type or print)
a. (First): Myrlen
b. (Middle): Harry
c. (Last): Jennings

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) August (Day) 4, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Harry
b. (Middle):
c. (Last): Jennings

8. AGE (At time of this birth): 28 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Arkansas

10. USUAL OCCUPATION:

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Ellen
b. (Middle): L.
c. (Last): Tobitt

13. AGE (At time of this birth): 29 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Nebraska

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. S. Springer

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Boise, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 8-8-1912

22. REGISTRAR'S SIGNATURE: Fay McConnel

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED FEB 1 1966 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 7616

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Merlin Jennings (Name on Original Certificate) who was born (Was Born or Died) on August 5, 1912 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Copies attached (Bible Record, Insurance Policy, Etc.) prepared on 1-28-66 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Date of Birth	August 5, 1912	August 4, 1912
Full Maiden Name of Mother	Helen Tobbitt	Ellen ~~Tobbitt~~ Tobitt
Full Name of Child	Merlin Jennings	Myrlen H. Harry Jennings

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed mother Ellen Jennings
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

350 Iris Drive, Salinas, Calif 93901
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed wife Rhoda T. Jennings
(Signature of Any Credible Person)

134 Willow st. Salinas, Calif. 93901
(Street Address, City, State)

FORM DH 60-155 in office 7-30-65.

Notification of Birth Registration, State of California no. 51, gives full name of child as Jeffrey Smith Jennings, born Feb. 21, 1942 at Madera, California to Myrlen Harry Jennings and Rhoda Taylor - viewed by V.S.

Social Security Application, Dec. 3, 1936, #559-03-2682 gives full name as Myrlen Harry Jennings, born Aug. 4, 1912 at ~~Olive~~ Boise, Idaho to Harry Jennings and Ellen Tobitt - viewed by V.S.

Reserve Life Insurance Co., policy no. F 205261, dated Sept. 5, 1958 gives full name of insured as Myrlen H. Jennings, born August 4, 1912, age 47 - viewed by .VS.

Photo Copies of Pages from Family Bible Record, appears old and unaltered, gives full name as Ellen L. Tobitt, born Aug. 3, ~~1883~~ 1883 - viewed by V.S/

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Ada

City of Boise

No. Warm Springs St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 7616

Primary Registration District No. 1664 Registered No. 41

FULL NAME OF CHILD Merlin Jennings

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2nd	yes	Aug 5th, 191[illegible]

FATHER

FULL NAME Harry Jennings

RESIDENCE Warm Springs Ave

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Arkansas

OCCUPATION

MOTHER

FULL MAIDEN NAME Helen Tabbett

RESIDENCE Warm Springs Ave

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Nebraska

OCCUPATION

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....(Born alive or stillborn), at.....M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J S Springer

(Physician or Midwife)

Address Boise Ida

Given names added from a supplemental report

....., 19.....

Filed 8-8-12 19..... Amy M Cannid Registrar

.....Registrar

S-Y CO., 16670

Form V. S. No. U-C- Rev. 6-61

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

MAR 22 1966

235-101-001-547

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Boise

No. 606 Grove St.

Hospital —

Registration District No. 2 File No. 7617

Primary Registration District No. 1004 Registered No. 42

FULL NAME OF CHILD Emery Jean Stevenson

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	—	Yes	Aug. 1, 191[illegible]

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: W. Ivan Stevenson	FULL MAIDEN NAME: Mabel G. Edgerton
RESIDENCE: 606 Grove St	RESIDENCE: 606 Grove St
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Wash	BIRTHPLACE: Canada
OCCUPATION: Life Insurance	OCCUPATION: Housekeeper
Number of child of this mother, including present birth: 4	Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. N. Lukey

Physician

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed 8-8-12 Gay McConnell, Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

219-119 001-653

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1302 Grove St.

Hospital

Registration District No. 2 File No. 7618

Primary Registration District No. 1004 Registered No. 39

FULL NAME OF CHILD John Bartch Jr

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
M			L	July 12 19, 1912

FATHER		MOTHER	
FULL NAME	John Bartch	FULL MAIDEN NAME	Ada Wells
RESIDENCE	1302 Grove	RESIDENCE	1302 Grove
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Pa.	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 6:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bueck M.D.

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Registrar

Filed AUG 6 - 1912 19.....

Gay McCann D. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 1 1 1942

JAN 7 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

415-13-1.00.243

PLACE OF BIRTH

County of Ada

City of Boise

No. 112 Straughn

Hospital No

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 7619

Primary Registration District No. 1004 Registered No. 49

FULL NAME OF CHILD Miles Kenneth Davis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		Two	yes	7-31-1912

FATHER		MOTHER	
FULL NAME	Baby Davis	FULL MAIDEN NAME	Helen Buckley
RESIDENCE	112 Straughn Ave	RESIDENCE	112 Straughn Ave
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Kansas	BIRTHPLACE	Ind. Housewife
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth Two

Number of children, of this mother, now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6-30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. F. Smith M. D. (Physician or Midwife)

Address 410 Overland Bldg.

Given names added from a supplemental report

8-26- 1912

Amy McConnell Registrar

Filed AUG 6 - 1912

Amy McConnell Registrar

S-Y CO., 16670

JAN 14 1942

JAN 7 1952

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

214-12-00-219

PLACE OF BIRTH

Form V. S. No. 11-C—1[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1410, N. 5th St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 7620

Registered No. 63

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Aug. 12, 1912

FATHER		MOTHER	
FULL NAME	William Saunders	FULL MAIDEN NAME	Mary Ellen Barne
RESIDENCE	Alberta, Canada	RESIDENCE	Alberta Canada
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Canada	BIRTHPLACE	Neb.
OCCUPATION	Grocer	OCCUPATION	H. W.

Number of child of this mother, including present birth: one

Number of children, of this mother, now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Hull

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug. 27 19 12 Fay McConnell Registrar

S-Y CO., 16670

349-12-00-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Boise

No 519, So 16 St.

Hospital

Registration District No 2 File No. 7621

Primary Registration District No 1004 Registered No. 59

FULL NAME OF CHILD Alfred Howard Curtis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Aug 21, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas H. Curtis	Katherine Parker
RESIDENCE	519 So 16th	519 So 16th
COLOR	W.	W.
AGE AT LAST BIRTHDAY	28 (Years)	29 (Years)
BIRTHPLACE	Maryland	England
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Tillinghast

(Physician or Midwife)

Given names added from a supplemental report

Aug. 26, 1912

Address Falk Bldg.

Amy McConnell Registrar

Filed Aug. 23 1912

Amy McConnell Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

528-11 7004-395

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7622

County of Ada

City of Boise

No. Pueblo St.

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 57

Hospital

FULL NAME OF CHILD 6 mo Child - no name. died - 3 mos after

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.				8 17 191?

FATHER

FULL NAME Frank M Eley

RESIDENCE Pueblo St Boise

COLOR W. AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Iowa

OCCUPATION Real Estate

MOTHER

FULL MAIDEN NAME Charlotte Lindsley

RESIDENCE Pueblo St Boise

COLOR W. AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Boise Idaho

OCCUPATION H Wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Premature) at 3.4 M. on the date above stated.

(Born alive or stillborn)

Lived 2 Breath(s)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Lincoln Allen

201 McCarty Bld

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

.....

Registrar

Address Boise

Filed Aug. 21 19.12 Amy McConnel D. Registrar

S-Y CO., 16670

268-12-1001-699

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 7623

County of Ada

City of Boise

No. 608, So. 13 St.

Registration District No. 2

Primary Registration District No. 1004

Registered No. 30

Hospital

FULL NAME OF CHILD Orville Wayne Boyenger

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 25, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jack N. Boyenger	Verti L. Wright.
RESIDENCE	608 So. 13th Boise	Boise Idaho.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	31 yrs.	31 yrs.
BIRTHPLACE	Mich.	Virginia
OCCUPATION	Brick Mason	Wife.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Boy alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Kill

(Physician or Midwife)

Given names added from a supplemental report

8-16-12, 19

Jay McConnell D. Registrar

Address

Filed 8-13-12

Jay McConnell D. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 11 1942

793.102 .001-319

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 24 4th E. of Lemp St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 7624

Registered No. 49

FULL NAME OF CHILD Louis James Gill

Sex of Child M

Twin, Triplet, or other? and Number in order of birth

(To be answered only in event of plural births)

Legitimate? yes

Date of birth Aug (Month) 2 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Harry H. Gill.	FULL MAIDEN NAME Lola Carson
RESIDENCE Boise	RESIDENCE Boise
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 33 yrs. (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Nebr.	BIRTHPLACE Ill.
OCCUPATION Telephone Employee	OCCUPATION H W.

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Hill

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 8-13-12 19.....

Amy McConnell
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and in order of birth stated

JUL 14 1975

SEP 23 1949

577-226-001-217

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2616 Jefferson St.

Registration District No. 2 File No. 7625

Primary Registration District No. 1007 Registered No. 31

Hospital

FULL NAME OF CHILD VERA EVELYN Eggers

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		1	yes	7-26-1913

FATHER		MOTHER	
FULL NAME	Victor Eggers	FULL MAIDEN NAME	Evelyn Boller
RESIDENCE	2616 Jefferson Boise	RESIDENCE	Boise
COLOR	W	AGE AT LAST BIRTHDAY (Years)	22
COLOR	W	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Jefferson Wash.	BIRTHPLACE	Thayne Wyo.
OCCUPATION	Foreman O.S.L.	OCCUPATION	H.D.

Number of child of this mother, including present birth

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Peters

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed AUG 2 - 1913 19..... Amy McConnell D. Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 7625

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Vera Evelyan Eggers (Name on Original Certificate) who was born (Was Born or Died) on July 26, 1912 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by birth certificate (Bible Record, Insurance Policy, Etc.) prepared on July, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Verna E.	Vera Evelyan Eggers

Subscribed and sworn to before me this 27th
day of March, 19 43

Hildegarde Harreschou
Notary Public, residing at Sunland, Calif
My commission expires
(Seal)

NOTARY PUBLIC, in and for the County of Los Angeles, State of California. My Commission Expires May 5, 1946

Signed Mrs Evelyan Eggers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 31 1943

APR 1 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH 1000-614

STATE OF IDAHO

Form V.S. No. 11 Rev. 6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7626

County of Ada

City of Boise

Registration District No. 2

File No.

No. 515 Washington St.

Primary Registration District No. 1004

Registered No. 20

Hospital —

FULL NAME OF CHILD Louise E. Hirt

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	July 24 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Wm. P. Hirt	FULL MAIDEN NAME Sarah E. Faulkner
RESIDENCE 515 W. Washington	RESIDENCE 515 W. Wash.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Rockford Ill.	BIRTHPLACE Aspin Colo.
OCCUPATION Jeweler	OCCUPATION House Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. P. Haley

Physician

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed AUG 2 - 1912 19.....

Amy McConnell
Registrar

S-Y CO., 16670

JUL 9 - 1953

JUL 6 1960

FEB 17 1972

DECEASED

436-216.001-449

PLACE OF BIRTH

[redacted]

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 7627

No. ____, ____ St.

Primary Registration District No. 1004

Registered No. 35

Hospital St. Alphonsus

FULL NAME OF CHILD ISABELLA MARIA Mc. Faddem

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	Aug. 16, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John J. Mc. Faddem	Augusta Murphy
RESIDENCE	Hailey, Idaho,	Hailey, Idaho,
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	32
BIRTHPLACE	Colorado	Jersey City N.J.
OCCUPATION	Lawyer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on the date above stated. August 16, at 2:15 P. M.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Nuelsen

(Physician or Midwife)

Address Boise, Idaho.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 8-19-12 19.....

Amy McConnell D.
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 7627

State of Idaho } ss.
County of Blaine }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Mary McFadden (Name on original certificate) who was born (Was born or died) on Aug. 16, 1912 (Date of event)
in Boise, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Mary McFadden	Isabella Maria McFadden

I am the mother of Isabella Maria McFadden.

Subscribed and sworn to before me this 11th day of Dec., 19 41.

Notary Public, residing at Hailey, Idaho

My commission expires

[SEAL]

Signed Augusta R. McFadden
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Hailey, Blaine Co. Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Blaine }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. I am the father named above of Isabella Maria McFadden

Subscribed and sworn to before me this 11th day of Dec., 19 41.

Joseph N. Gula

Notary Public, residing at Hailey, Idaho.

My commission expires Feb. 24, 1944.

[SEAL]

Signed James J. McFadden
(Signature of any credible person other than the previous affiant.)

Hailey, Blaine Co. Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

[redacted]

JAN 2 1942

133-211001-434

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7628

County of Ada

City of Boise

No. ..... St.

Registration District No. 2 File No. .....

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. 52

FULL NAME OF CHILD Williamina Allen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	8 16 1912

FATHER		MOTHER	
FULL NAME	Wm Allen	FULL MAIDEN NAME	Christina McDonald
RESIDENCE	402 N Second St	RESIDENCE	402 - N 2nd St
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	24
COLOR	W	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	England	BIRTHPLACE	Scotland
OCCUPATION	Auto - Driver	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Cummings (Physician or Midwife)

Address Falk Bldg

Given names added from a supplemental report

....., 19.....

Filed Aug. 17, 1912 Fay McConnel Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826 Registrar

P. C. 6-24-41

796-202-00215

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Ada

City of Boise

Registration District No. 2

File No. 7629

No. ____, ____ St.

Primary Registration District No. 1004

Registered No. 33

Hospital St. Alphonsus

FULL NAME OF CHILD Cecelia Gross

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug. 2, 1912

FATHER		MOTHER	
FULL NAME	William J. Gross	FULL MAIDEN NAME	Johanna ~~Gross~~ Kane
RESIDENCE	1619 N. 5th St. Boise	RESIDENCE	1619 N. 5th St. Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Chicago Ill.	BIRTHPLACE	Penn
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Aug. 2-1912, at 8:45 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Nuemeyer

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed AUG 5 - 1912 19.....

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 1 1 1974

433-225 · 001-299

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 7630

No. 1008 N. 16 St.

Primary Registration District No. 1004 Registered No. 64

Hospital St. Luke's

FULL NAME OF CHILD GLADYS HELEN ~~Gladdys~~ Mc Lean

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		One	yes	8 25 1912

FATHER	MOTHER
FULL NAME Leslie A. Mc Lean	FULL MAIDEN NAME Hazel E. Kirkpatrick
RESIDENCE 1008 N. 16th St	RESIDENCE 1008 N. 16th St
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Penn.	BIRTHPLACE Wisconsin
OCCUPATION Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth.... One

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. James L. Stewart (Physician or Midwife)

Given names added from a supplemental report

8-26-1912

Address 410 Overland

Filed Aug. 28, 1912 Amy McConnell Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Kentucky }
County of Jefferson } ss.

MAY 3 1943

Certificate No. 7630

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Gladdys Helen McLean (Name on Original Certificate) who was born (Was Born or Died) on August 25 1912 (Date of Event)
in Boise Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on August 25, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Gladdys	Gladys Helen McLean

Subscribed and sworn to before me this 30th
day of April, 1943
Elmer R. Johnson
Notary Public, residing at Louisville, Jefferson County, Ky.
My commission expires June 10, 1945.
(Seal)

Signed Leslie Alexander McLean
(Signature of parent ~~or attendant~~ if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
209 S. 5th Street, Louisville, Ky.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Kentucky }
County of Jefferson } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th
day of April, 1943
Elmer R. Johnson
Notary Public, residing at Louisville, Jefferson Co. Ky.
My commission expires June 10, 1945.
(Seal)

Signed Robert Ackelberg
(Signature of Any Credible Person Other Than Previous Year)
94 Valley Road
(Street Address, City, State)
Louisville Kentucky

MAY 3 1943

MAY 5 1943

28-209-001-192

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 7631

County of Ada

City of Boise

No. ____, ____ St.

Registration District No. 2

Primary Registration District No. 1004

Registered No. 60

Hospital St. Lukes

FULL NAME OF CHILD Shaffer, (unnamed)

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	/	/	yes	Aug. 9, 1912

FATHER	MOTHER
FULL NAME: J. Henry Shaffer	FULL MAIDEN NAME: Aiken
RESIDENCE: 529 So. 16th St. Boise	RESIDENCE: 529 So. 16th St Boise
COLOR: White	AGE AT LAST BIRTHDAY: 49 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Ill	BIRTHPLACE: Ill
OCCUPATION: Runs Threshing machine	OCCUPATION: House wife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Operation Cæsarean Section, alive, at 1.1. a. M. on the date above stated. (Born alive or stillborn)

(child was only 7 months.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician or Midwife)

Given names added from a supplemental report

Dated Aug. 23, 1912

Address Boise Idaho

Filed Aug. 26 1912

Jay McConnell D. Registrar

Jay M. Conner Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

433-206-00-235

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1107 N. 7th St.

Hospital St. Lukes

Registration District No. 2 File No. 7632

Primary Registration District No. 1007 Registered No. 51

FULL NAME OF CHILD not named Marion Stewart McCarthy

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		One	yes	8 — 6 — 1912

	FATHER	MOTHER
FULL NAME	Charles P. McCarthy	Ethel Stewart
RESIDENCE	1107 N. 7th	1107 N. 7th
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	29
BIRTHPLACE	mass	Indiana
OCCUPATION	Atty	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) James L. Stewart M.D.
(Physician or Midwife)

Address 410 Overland

Filed 8-14-12 19.....

Jay McCarroll
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

469-216.001-413

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 618, Idaho St.

Registration District No. 2

File No. 7633

Primary Registration District No. 1004

Registered No. 38

Hospital

FULL NAME OF CHILD Sara Sadako Morimatsu

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.			L.	July 14, 1912

FATHER		MOTHER	
FULL NAME	Chas T. Mori	FULL MAIDEN NAME	Matsu
RESIDENCE	618 Idaho.	RESIDENCE	618 Idaho
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Japan.	BIRTHPLACE	Japan
OCCUPATION	Merchant.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) on the date above stated. at 2 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bueck

(Physician ~~or Midwife~~) M.B.

Address

Given names added from a supplemental report

, 19

Registrar

Filed AUG 6 - 1912 19

Fay McConnell

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

MAY 29 1948

MAY 19 1948

Dup of 1912-19355f
1912-31757

813.205.00-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ada

City of Boise

No 420, So 4th St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 7634

Primary Registration District No. 102 7 Registered No. 34

FULL NAME OF CHILD Maxine Joyce Hall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Y	8 5 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo Killoughby Hall	Helene Gregory
RESIDENCE	420 So 4th	420 So 4th St
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	21
BIRTHPLACE	S Dakota	Boise
OCCUPATION	Printer	H. Wife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 1 30 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Lincoln Allen

(Physician or Midwife)

Address 201 McCarty Bld.

Given names added from a supplemental report

....., 19.....

Filed AUG 5 1912 Amy McConnell Registrar

.....

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

819-20110.01-133

PLACE OF BIRTH

County of Ada

City of Boise

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 2 File No. 7635

Primary Registration District No. 1004 Registered No. 45

FULL NAME OF CHILD Gladys Mabel Harlan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	——	——	Yes	8 — 1, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edw. Harlan	Lulu Allumbaugh
RESIDENCE	630 S. 16th	590 S. 16th
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	22	22
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Laborer	Kw.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Calloway

Boise, Ida.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

8-16-12, 19..

Registrar

Filed 8-12-12

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 13 1970
MAR 23 1973

859-264-001-652

PLACE OF BIRTH

County of Ada

City of Boise

No. 510 Broadway St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 2 File No. 7636

Primary Registration District No. 1004 Registered No. 44

FULL NAME OF CHILD Heitmeyer, Vera Irene

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	August 4, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Heitmeyer	Elona Weber
RESIDENCE	510 Broadway	510 Broadway
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Clerk	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward L Bixler MD

Physician

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed 8-9-12 19..... Amy McConnell Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

819-223.001-367

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No 28th St, Ints St.

Hospital No

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 2 File No. 7637

Primary Registration District No. 1004 Registered No. 47

FULL NAME OF CHILD Fay Winifred Harris

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fml	- -	3	Yes	June 23, 1912

FATHER		MOTHER	
FULL NAME	A B Harris	FULL MAIDEN NAME	Elsie Copsey
RESIDENCE	Ints	RESIDENCE	Ints
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Arkansas	BIRTHPLACE	Kentucky
OCCUPATION	Carver	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Rumoney

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed AUG 13 1912 19..... Amy McConnell
Registrar

S-Y CO., 16670

FEB 3 1966

MAR 3 1 1972

659-205-001-819

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 7638

No. 122 Wm. Springs ~~St~~ Ave.

Primary Registration District No. 1004 Registered No. 54

Hospital

FULL NAME OF CHILD Elizabeth Cecelia ~~Werthman~~

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 5 1912

FATHER	MOTHER
FULL NAME: Ellis H. Werthman	FULL MAIDEN NAME: Rosalie Harris
RESIDENCE: 122 W. Springs Avenue	RESIDENCE: 122 Wm. Sprigs Ave.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Titusville, Penn.	BIRTHPLACE: San Francisco
OCCUPATION: Merchant	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1st

Number of children of this mother now living, including present birth: 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Calcutt

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise, Idaho

Filed 8-17-12 19.....

Amy McConnell
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

JUL 31 1962

852-209-001-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ada

City of Boise

No. ——, No. 8th St.

Hospital ——

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 7639

Primary Registration District No. 1004 Registered No. 48

FULL NAME OF CHILD Eunice Rollin Hesser

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	Aug 9, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Rollin Hesser	Violet Eleanor Lyon
RESIDENCE	Boise, Ida.	Boise Idaho.
COLOR	white	White
AGE AT LAST BIRTHDAY (Years)	24	16
BIRTHPLACE	Lincoln Co., Neb.	Minn.
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Shawhan.

Physician (Physician or Midwife)

Address Boise, Idaho.

Given names added from a supplemental report

....., 19.....

Filed AUG 13 1912

Mary M. Clegg D. Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

NOV 14 1960

FEB 13 1968

AUG 12 1912

859-130-001-335

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 411 So 3rd St.

Registration District No. 2 File No. 7640

Primary Registration District No. 1004 Registered No. 66

Hospital —

FULL NAME OF CHILD Evert Alfred Keither

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 30 1912

FATHER		MOTHER	
FULL NAME	Henry Evert Keither	FULL MAIDEN NAME	Rodah May Clegg
RESIDENCE	411 So 3rd	RESIDENCE	411 So 3rd
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Colorado Springs, Colo	BIRTHPLACE	Springville, Utah.
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 4 a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. H. Talleman

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Aug 31 19 2

S-Y CO. 20174

Registrar

Ray McConnel D.

Registrar

DEC 19 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

2 [redacted] 014-466

BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 7641

No. ____, ____ St.

Primary Registration District No. 1005

Registered No. 239

Hospital No.

FULL NAME OF CHILD Clinton Irving Snodgrass

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One		Yes	July 26, 1917

FATHER		MOTHER	
FULL NAME	G. C. Snodgrass	FULL MAIDEN NAME	Bertha Moore
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mo.	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Boy

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Miller

(Physician or Midwife)

Address

Given names added from a supplemental report

Sept 10, 1917 John A Meyer Registrar

Filed 8/31 1917 J. A. Meyer Dep. Registrar

S-Y CO., 16670

APR 1 2 1973

344-12-1014-893

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton

Registration District No. 3

File No. 7642

No. ____, ____ St.

Primary Registration District No. 1005

Registered No. 240

Hospital No

FULL NAME OF CHILD Ernest David Cummings

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	July 27, 1912

FATHER		MOTHER	
FULL NAME	E. J. Cummings	FULL MAIDEN NAME	Grace Gilmon
RESIDENCE	Middleton Idaho	RESIDENCE	Middleton.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas.
OCCUPATION	Teacher.	OCCUPATION	Housewife.

Number of child of this mother, including present birth first

Number of children, of this mother, now living, including present birth first

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5.9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Miller

(Physician or Midwife)

Address

Given names added from a supplemental report

Sept 8, 1917

John D. Meyer Registrar

Filed 8/31 1912

J D Meyer Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 1 3 1976

993-123-014-266

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 7643

Primary Registration District No. 2007 Registered No. 241

FULL NAME OF CHILD Coenrad Ritsema

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—	—		yes	July 29 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Cornelius M. Ritsema	FULL MAIDEN NAME Pauline E. Kooks
RESIDENCE Parma	RESIDENCE Parma
COLOR white	AGE AT LAST BIRTHDAY 37 (Years)
COLOR white	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Holland	BIRTHPLACE Holland
OCCUPATION farmer	OCCUPATION housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:3 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Address Parma Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug-5 19 12 A. J. Mercy Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

3/3/11/4/01/4-695

PLACE OF BIRTH

County of Canyon

~~City of~~ Sunny Slope

No. ____, ____ St.

Hospital na.

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 7644

Primary Registration District No. 2005 Registered No. 236

FULL NAME OF CHILD Arthur Davis Caldwell.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		3	Yes.	Aug. 14th 1912

FATHER		MOTHER	
FULL NAME	Fred E. Caldwell.	FULL MAIDEN NAME	Bessie E. Crendorf.
RESIDENCE	Sunny Slope.	RESIDENCE	Sunny Slope.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Illinoise	BIRTHPLACE	Kansas.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John L. Meyer

Physician. (Physician or Midwife)

Address Caldwell Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug. 14th 1912 John L. Meyer M.D.

Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

SEP 4 1942

365-1191014665

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 7645

No. 1315, Dearborn St.

Primary Registration District No. 2005 Registered No. 237

Hospital no

FULL NAME OF CHILD Edward Owen Conway

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		5	Yes	Aug. 19, 1912

FATHER		MOTHER	
FULL NAME	Thomas M. Conway	FULL MAIDEN NAME	Mabel E. Owen
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John L. Meyer

Physician

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Aug. 20, 1912 John L. Meyer M.D.
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 26 1948

847-105-1014-331 SN 1069

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 3 File No. 7646

Primary Registration District No. 2005 Registered No. 238

FULL NAME OF CHILD Clifford Hughes

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	June 5, 1912

FATHER		MOTHER	
FULL NAME	William J Hughes	FULL MAIDEN NAME	Effie F Clarke
RESIDENCE	Canyon Co	RESIDENCE	Canyon Co
COLOR	Co	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.59 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen Hall MD

(Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

Sept 9 1912

John L Meyer Registrar

Filed Aug. 31 1912 John L Meyer Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 11 1942

815-[redacted]8-314

PLA[redacted]

Form V. S. No. 11-C—10m-8-7-[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6

County of Boise

City of Sweet

No ////[redacted]//// St.

Hospital

Registration District No 2026

Primary Registration District No.

File No. 7647

Registered No. 26

FULL NAME OF CHILD Chester William Hansen.

Sex Male Child	Twin, Triplet or other? } and { Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth April (Month) 9 (Day) 192 (Year)

FATHER	MOTHER
FULL NAME Henry Hansen	FULL MAIDEN NAME Anna Campbell
RESIDENCE Sweet	RESIDENCE Sweet
COLOR W. AGE AT LAST BIRTHDAY 44 (Years)	COLOR W. AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Denmark	BIRTHPLACE Illinois
OCCUPATION Rancher	OCCUPATION House wife.

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at I A. M. on the date above stated.

(Signature) No Physician in attendance.

(Physician or Midwife)

Address

Filed Sept 4 19 12 [illegible] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

GYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 27 1961

215/28/008-815

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ross

City of Roseberry

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~8~~ 6 File No. 7649

Primary Registration District No. 7207 Registered No. 25

FULL NAME OF CHILD Martin Fritjof Kangas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb 28 1912

FATHER		MOTHER	
FULL NAME	Matte Kangas	FULL MAIDEN NAME	Ida Davelin
RESIDENCE	Roseberry	RESIDENCE	Roseberry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Finnland	BIRTHPLACE	Finland
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Matti Kangas

(Physician or midwife)

Address Roseberry

Given names added from a supplemental report

..... 19.....

Filed Sept 3 19 12 A. E. Boyd

..... Registrar

S-Y CO. 20174

Registrar

SEP 1 1 1942

293-209-008-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Boise

City of Lowell

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 6 File No. 7650

Primary Registration District No. 2026 Registered No. 27

FULL NAME OF CHILD Mary Mildred Dulia Sitler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	July 9, 1912

FATHER		MOTHER	
FULL NAME	Harry E. Sitler	FULL MAIDEN NAME	Dulia McThompson
RESIDENCE	Lowell	RESIDENCE	Lowell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Wyoming
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:05 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Byrd M.D.

(Physician or Midwife)

Given names added from a supplemental report

____, 19____

Address ____

____ Registrar

Filed July 14 1912 A. G. Byrd Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAY 1 3 1957

263-225-1008-242

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Boise

City of Spirit R. Ida

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 6 File No. 7651

Primary Registration District No 2027 Registered No. 28

FULL NAME OF CHILD Signe Alga Ballari

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 28 - 1912

FATHER		MOTHER	
FULL NAME	John Ballari	FULL MAIDEN NAME	Alga Kukila
RESIDENCE	Spirit, Idaho	RESIDENCE	Spirit, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at ____ M. on the date above stated.

(Signature) Reported by John Ballari

No physician present

(Physician or Midwife)

Address ____

Filed Sept 4 1912 A. E. Byrd Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

K

MAR 5 - 1954

366-105-008-442

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-12

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boise

City of

No. , St.

Hospital

Registration District No. 6 File No. 7652

Primary Registration District No. 2027 Registered No. 29

FULL NAME OF CHILD Herman Francis Coonrod

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	1	3	yes	4 5 1912

FATHER		MOTHER	
FULL NAME	J. A. Coonrod	FULL MAIDEN NAME	Kate Dukes
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. at 9.30 a.m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or Midwife)

Address Kamiah Ida

Given names added from a supplemental report

, 19

Registrar

Filed Sept 4 1912 A. G. Campbell Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 2 1942

243-204-008-866

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Boise

City of Arrowrock

No. 14 Deer Creek C. Blvd

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 7653

Primary Registration District No. 2131 Registered No. 30

Hospital

FULL NAME OF CHILD Anna Louisa Jewel Bull

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	no	no	Yes	June 4, 1912

FATHER		MOTHER	
FULL NAME	Walter Alonzo Bull	FULL MAIDEN NAME	Virginia Victoria Howell
RESIDENCE	Arrowrock - Idaho	RESIDENCE	Arrowrock - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	New York	BIRTHPLACE	Kentucky
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

(Signature) Joseph H. Shaw

Physician (Physician or Midwife)

Address Arrowrock - Idaho

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Sept 4 1912

.....
Registrar

S-Y CO., 16670

MAR 4 1974

619-2241008-412

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Boise

City of McCall

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 7654

Primary Registration District No. 2027 Registered No. 31

FULL NAME OF CHILD Elsina Warjelina

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 24 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Nikolai Warjelin	Roosa Maki
RESIDENCE	McCall, Idaho	McCall - Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	24
BIRTHPLACE	Finland	Finland
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) ____, at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Reported by Nikolai Warjelin

No Physician stated

(Physician or Midwife)

Given names added from a supplemental report

____, 19____

Address ____

Filed Sept 4 19 12 A. G. Boyd

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MAY 2 0 1970

460-118-08962

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boise

City of Van Wyck Registration District No. 6 File No. 7655

No. ....., ... St. Primary Registration District No. 2027 Registered No. 82

Hospital .....

FULL NAME OF CHILD Moore

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	May 18, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	S. F. Moore	Willie E Rose
RESIDENCE	near Van Wyck	near Van Wyck
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	28
BIRTHPLACE	Kans.	Utah
OCCUPATION	Ranchman	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wallace Johnson M. D.

(Physician or Midwife)

Address Rosebury, Ida.

Given names added from a supplemental report

....., 19.....

Filed Sept 4 1912

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

915-2181-008-131

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lemhi

City of Roachburg Registration District No. 6 File No. 7656

No. ____, ____ St. Primary Registration District No. 2027 Registered No. 33

Hospital ____

FULL NAME OF CHILD Esther Ronda

Sex of Child Female | Twin, Triplet, or other? | and Number in order of birth | Legitimate? yes | Date of birth May 15 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Nicholas Ronda	FULL MAIDEN NAME Emma Alander
RESIDENCE Roachburg	RESIDENCE Roachburg Idaho
COLOR Blue eyes Brown hair	COLOR Blue eyes Medium
AGE AT LAST BIRTHDAY 38 Yrs. Aug. 13 (Years) 1873	AGE AT LAST BIRTHDAY June 5 (Years) 1878
BIRTHPLACE Russia Finland	BIRTHPLACE Russia Finland
OCCUPATION Farmer	OCCUPATION Farmer

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nicholas Ronda

Myself (Physician or Midwife)

Address Roachburg

Given name added from a supplemental report

____, 19____

____ Registrar

Filed Sept 4 19 12 A. D. Burgess Registrar

S-Y CO., 16669

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made of each, in order of birth stated

915.2(8.608-131

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7657

County of Boise

City of Roseberry Registration District No. 6 File No.

No. , St.

Primary Registration District No. 2027 Registered No. 34

Hospital

FULL NAME OF CHILD Hanna Ranola

Sex of Child Female | Twin, Triplet, Quintuplet, Sextuplet? (To be answered only in event of plural births) | and Number in order of birth First born | Legitimate? Yes | Date of birth May (Month) 15 (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME	Nicholas Ranola	FULL MAIDEN NAME Emma Alander
RESIDENCE	Roseberry	RESIDENCE Roseberry Idaho
COLOR	Blue eyes Brown hair	COLOR Blue eyes Medium
AGE AT LAST BIRTHDAY	28 (Years) 1884	AGE AT LAST BIRTHDAY July 8 (Years) 1878
BIRTHPLACE	Karvia Finland	BIRTHPLACE Turoreri, Finland
OCCUPATION	Farmer	OCCUPATION Farmer

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Hanna alive (Born alive or stillborn) at 6.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nicholas Ranola

Myself (Physician or Midwife)

Address Roseberry

Given name added from a supplemental report

....., 19.....

Registrar

Filed Sept 4 19 12 a. [illegible]

Registrar

S-Y CO., 16669

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made of each, in order of birth stated

259-115-008-295

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7658

County of Boise

City of Term

Registration District No. 6

File No. 35

No. ____, ____ St.

Primary Registration District No. 2027

Registered No. ____

Hospital ____

FULL NAME OF CHILD John Benton Kerby

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
M	1	2	yes	Apr. 15, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E M Kerby	FULL MAIDEN NAME	Fairy King
RESIDENCE	Term Ida	RESIDENCE	Term Ida
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G E Goggle

(Physician or Midwife)

Address Tamarack Ida

Filed Sept 4 1913 A. J. Taylor Registrar

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 1 2 1970

962-124-1008-813

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boise

City of Ross Ferry · Registration District No. 6 · File No. 7659

No. —, —St.

Primary Registration District No. 2-131 · Registered No. 36

Hospital —

FULL NAME OF CHILD Franklin Pierce Ross.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	×	v	Yes.	July 24, 1912.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Franklin Pierce Ross.	Rachel A. Hatcher
RESIDENCE	Ross Ferry. Idaho.	Ross Ferry.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42.	22.
BIRTHPLACE	Missouri	Washington.
OCCUPATION	Rancher.	Housewife

Number of child of this mother, including present birth 3.

Number of children, of this mother, now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, on the 3A day M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph H. Shaw

Physician.
(Physician or Midwife)

Address USRS Hospital Arrowrock.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Sept 4 19 12 A. E. Bryant
Registrar

S-Y CO., 16670

795-113-008 542

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Boise

City of Idaho City

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 7660

Primary Registration District No. 2019 Registered No. ~~10~~ 37

FULL NAME OF CHILD Truman Allen Prestegard.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Mar. 13, 1912

FATHER		MOTHER	
FULL NAME	Ole M. Prestegard	FULL MAIDEN NAME	Gale Edna Edson
RESIDENCE	Idaho City	RESIDENCE	Idaho City.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Norway.	BIRTHPLACE	Wisconsin
OCCUPATION	Mechanic	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Fitz. M.D.

Physician.

(Physician or Midwife)

Address Placerville, Idaho.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Mar. 14 1912 G. G. Fitz.
Registrar

S-Y CO., 16670

S14-21:008-569

PLACE OF BIRTH

County of Boise

City of Placerville

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 4 File No. 7661

Primary Registration District No. 2019 Registered No. X 38

FULL NAME OF CHILD Edith Eleanore Nadeau

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	7 — 11, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Noel ~~Aado~~ Nadeau	Emma Nordmark
RESIDENCE	Placerville Idaho	Placerville Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	32
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Miner.	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Fit

Physician

(Physician or Midwife)

Address Placerville Idaho.

Given names added from a supplemental report

____, 19____

____ Registrar

Filed July 28 19.12 G. G. Fit Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

91 4-226 (a

PLACE OF BIRTH [redacted] STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

[redacted] eau of Vital Statistics

County of Boi[redacted] CATE OF BIRTH

City of Placerville Registration District No. 6 File No. 7662

No. ....., ... St.

Primary Registration District No. 2019 Registered No. 78 39

Hospital .....

FULL NAME OF CHILD Dorothy Raupt.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	twin	second	yes	7 – 26, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Raupt.	Mary Gribben
RESIDENCE	Placerville	Placerville
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	33
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.45P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Fitz

Physician (Physician or Midwife)

Address Placerville Idaho.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed July 28. 1912 G. G. Fitz
Registrar

S-Y CO., 16670

915·226·008-719

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boise

City of Placerville

Registration District No. 6

File No. 7663

No. ____, ____ St.

Primary Registration District No. 2019

Registered No. 12 40

Hospital ____

FULL NAME OF CHILD GERTRUDE MAY Ranft

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	twin	first	yes	7 — 26 — 1912

FATHER		MOTHER	
FULL NAME	Frank Ranft	FULL MAIDEN NAME	Mary Gribben
RESIDENCE	Placerville	RESIDENCE	Placerville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Fitz

Physician (Physician or Midwife)

Address Placerville Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 28 1912 G. G. Fitz Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 26 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bear Lake

Certificate No. 7663
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Gertrude May Ranft (Birth or death)
for Doris Ranft (Name on original certificate) who was born (Was born or died) on July 26, 1912 (Date of event)
in Placerville (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (Bible record, insurance policy, etc.) prepared on December 22 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Mabel Name deceased	Mabel ~~Doris~~ Ranft RANFT	Gertrude May Ranft RANFT
		Gertrude May RANFT

Subscribed and sworn to before me this 22 nd
day of December, 1941

L. Arberatt
Notary Public, residing at Placerville Ida
My commission expires 1-30-1944
[SEAL]

Signed Mrs Mary Ranft Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Placerville Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on DEC 26 1941 By
(Registrar's signature)

262-131-008-619

PLACE OF BIRTH

County of Boise

City of Idaho City

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 6

File No. 7664

Primary Registration District No. 2019

Registered No. 7741

FULL NAME OF CHILD John Delbert Koski

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	7 - 31, 1912

FATHER		MOTHER	
FULL NAME	John Koski	FULL MAIDEN NAME	Ethel Cora Warkiss
RESIDENCE	Idaho City	RESIDENCE	Idaho City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Illinois
OCCUPATION	Day Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 5 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Fitz

Physician

(Physician or Midwife)

Placerville Idaho

Address

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Aug 2 1912 G. G. Fitz Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of

741-12-1008-796

PLACE OF BIRTH

County of Boise

City of Arrowrock

No. 3 Winding Way.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 6 File No. 7665

Primary Registration District No. 2131 Registered No. 42

FULL NAME OF CHILD Alec Payne Up de Graff.

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—		—	Yes.	Aug. 21, 1912.

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fritz Williams Up de Graff.	FULL MAIDEN NAME	Eleanor Grosvenor.
RESIDENCE	Arrowrock.	RESIDENCE	Arrowrock.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	38.	AGE AT LAST BIRTHDAY (Years)	32.
BIRTHPLACE	New York.	BIRTHPLACE	Michigan.
OCCUPATION	Electrical Engineer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph W. H. Shaw, Physician. (Physician or Midwife)

Address U.S.R.S. Hospital - Arrowrock.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Sept 4 19 12 A. G. Brand
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 25 1942

239-109-008-711

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bunsen

City of Van wyck

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. C6 File No. 7666

Primary Registration District No. 2131 Registered No. 43

FULL NAME OF CHILD August Oscar Strong

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 9th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Filis Strong	Elina Paaligarvi
RESIDENCE	Van wyck R. Idaho	Van wyck R. Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	33
BIRTHPLACE	Finland	Finland
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) ....., at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Reported by Filis Strong

No Physician Called

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Sept 4 1912 A. E. V. O'Byrd

.....

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

FEB 2 7 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH
523-10-008-231

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Boise

City of Arrowrock

No. Mack's Gulch

Registration District No. 6 File No. 7667

Primary Registration District No. 2131 Registered No. 44

Hospital

FULL NAME OF CHILD William Archibald Estes.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Yes.	August 10, 1912.

FATHER		MOTHER	
FULL NAME	Jasper West Estes.	FULL MAIDEN NAME	Effie Blankinship.
RESIDENCE	Arrowrock.	RESIDENCE	Arrowrock.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32.
BIRTHPLACE	Arkansas	BIRTHPLACE	Missouri
OCCUPATION	Laundryman.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6.

Number of children, of this mother, now living, including present birth 6.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph St. Thaw

Physician
(Physician or Midwife)

Address U.S.R.S. Hospital - Arrowrock.

Given names added from a supplemental report

....., 19.....

Filed Sept 4 19 12 A. G. Byrd

S-Y CO., 16670

Registrar

Registrar

MAY 28 1942

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PLACE OF BI[redacted]

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell Registration District No. 3 File No. 7668

No. ....., ... St.

Primary Registration District No. 1005 Registered No. 233

Hospital MS

FULL NAME OF CHILD Claude Forrest Green

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X	X	Yes	Aug 5 — 12

FATHER		MOTHER	
FULL NAME	Geo Green	FULL MAIDEN NAME	Cecile Davis
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Kan
OCCUPATION	Freighter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3.

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5a M. on the date above stated.

(Signature) L. J. Muller

(Physician or Midwife)

Address Caldwell Idaho

Filed Aug 8 1912 J. A. Meyer M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

Sept 5, 1912

J. A. Meyer Dep Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

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PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3

County of Canyon

City of Caldwell

Registration District No. _____ File No. 7669

No. _____, _____ St.

Primary Registration District No. 2005 Registered No. 232

Hospital No

FULL NAME OF CHILD George Clifford Fivecoat

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One	and	Yes	Aug 2 1912

FATHER	MOTHER
FULL NAME Geo Fivecoat	FULL MAIDEN NAME Elizabeth Myers
RESIDENCE Caldwell	RESIDENCE Caldwell
COLOR White	AGE AT LAST BIRTHDAY 53 (Years)
BIRTHPLACE Ill	COLOR White
OCCUPATION Rancher	AGE AT LAST BIRTHDAY 40 (Years)
	BIRTHPLACE Penn.
	OCCUPATION Housewife

Number of child of this mother, including present birth 9th

Number of children, of this mother, now living, including present birth 9th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Mueller

(Physician or Midwife)

Given names added from a supplemental report

Sept 4 1912

Address Caldwell Idaho

Filed Aug 8 1912

J. J. Meyer Dep Registrar

J. J. Meyer M.D. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

662-223 101 K 469

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 7670

Primary Registration District No. 1005 Registered No. 234

FULL NAME OF CHILD Alma Jerecia Ellen Foster

Sex of Child: Female | Twin, Triplet, or other? | and Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of birth: 7 (Month) — 23 (Day) — 12 (Year)

FATHER		MOTHER	
FULL NAME	Scott Foster	FULL MAIDEN NAME	Lola Morgan
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Chauffeur	OCCUPATION	Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley Physician

(Physician or Midwife)

Given names added from a supplemental report Dept 4 19 12

Address ____

Filed 8/8 1912

Joh S. Meyers M.D. Dep Registrar

J. S. Meyer Dep Registrar

S-Y CO. 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

4/24/41 Z.J.

244-125-1014-962

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—15m-6-20-11

County of Canyon

City of Nampa

Registration District No. 1003 File No. 7671

No. ____, ____ St.

Primary Registration District No. 2006 Registered No. 227

Hospital ____

FULL NAME OF CHILD Robert Budell,

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	twin	1	yes.	July 25 1912,

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Budell.	Martha Rascher.
RESIDENCE	Nampa Ida.	Nampa Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	____	____
BIRTHPLACE	____	____
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. O. M. Kellogg

Physician

(Physician or Midwife)

Address Nampa Ida.

Given names added from a supplemental report

Aug 5 1912

O B Beller M.D.

Registrar

Filed Aug 5 1912 O B Beller M.D.

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of _____

244-125.014-962

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa Registration District No. 1008 File No. 7672

No. ____, ____ St.

Primary Registration District No. 2006 Registered No. 228

Hospital ____

FULL NAME OF CHILD Adolph Budell.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	Twin	2	Yes.	7/25/ 191 2

FATHER	MOTHER
FULL NAME Joseph Budell,	FULL MAIDEN NAME Martha Rossler
RESIDENCE Nampa Ida.	RESIDENCE Nampa Ida.
COLOR white	AGE AT LAST BIRTHDAY ____ (Years)
COLOR white	AGE AT LAST BIRTHDAY ____ (Years)
BIRTHPLACE ____	BIRTHPLACE ____
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. A. Willoughby M.D.

(Physician or Midwife)

Given names added from a supplemental report

Aug 5 1912

Address Nampa, Ida.

O. B. Beller M.D. Registrar

Filed Aug 1912 O. B. Beller M.D. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 1 1970

593-108-014-316

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa, Registration District No. 3 File No. 7673

No. ____, ____ St.

Primary Registration District No. 1006 Registered No. 729

Hospital ____

FULL NAME OF CHILD Joseph Edward Villeneuve

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X (To be answered only in event of plural births)		X	Yes.	July 8, 1912

FATHER	MOTHER
FULL NAME A. Villeneuve.	FULL MAIDEN NAME Rosana Lafleur.
RESIDENCE	RESIDENCE
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Canada	BIRTHPLACE Canada.
OCCUPATION	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Geo. O. A. Kellogg M.

Physician

(Physician or Midwife)

Address Nampa Ida.

Filed Aug 5 1912 O B Bellew M.D.
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 2 8 1948

238-222-001-7

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Kuna.

Registration District No. 1003 — File No. 7674

No. ____, ____ St.

Primary Registration District No. 2006 — Registered No. 230

Hospital ____

FULL NAME OF CHILD Edith Augusta Schultz

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	X		X	Yes.	July 22, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	J. C. Schultz	FULL MAIDEN NAME Nellie Paulson
RESIDENCE	Ada Co. Idaho.	RESIDENCE Ada Co. Idaho.
COLOR	white	COLOR White
AGE AT LAST BIRTHDAY (Years)	37	27.
BIRTHPLACE	Iowa.	Iowa.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Geo. A. Kellogg

Physician

(Physician or Midwife)

Address Kuna Ida.

Filed Aug 6 1912 O B Bellew M.D.
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

350831

United States –
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county / years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Meridian Idaho

4. FULL NAME OF CHILD Edith Augusta Schultz

5. Date of Birth of Child (Month, day, year) July 22, 1912

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Julius Caral Schultz
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Council Bluffs, Iowa (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Paulson
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Council Bluffs, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 30 years, and that Dr. Neal (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Nellie Schultz

P. O. Address 2719 W. Madison Boise, Idaho

Subscribed and sworn to before me this 16th day of July, 1942

(SEAL) Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by, Registr

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

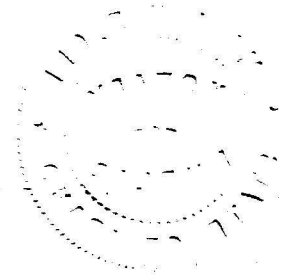
JUL 17 1942

JUN 16 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

...TE OF IDAHO
...of Vital Statistics
CE...ICATE OF BIRTH

7675

Locating as Caldwell

City of Nampa — Registration District No. 1003 — File No.

No. X, St. — Primary Registration District No. 1006 — Registered No.

Hospital X

FULL NAME OF CHILD X Victor Allen Hillyard

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	X (To be answered only in event of plural births)	X	Yes	July 13 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R. L. Hillyard	Nina Allen
RESIDENCE	Nampa Ida	Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	27 (Years)	2[illegible]
BIRTHPLACE	Ky.	Ky
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Murray
Physician
(Physician or Midwife)

Address Nampa Ida

Given names added from a supplemental report

Sept 5, 1912

J. S. Meyer Dep Registrar

Filed Aug 1 1912 [illegible] Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 15 1957

415-114014-415

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 914-16th Ave. So.

Hospital X

Registration District No. 3

File No. 7676

Primary Registration District No. 1006

Registered No. 215

FULL NAME OF CHILD X Arthur Clemens Manning

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	X	X	yes	July 14, 1912

FATHER		MOTHER	
FULL NAME	H. W. Manning	FULL MAIDEN NAME	Ruth Davis
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ill.
OCCUPATION	Groceryman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1. a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician (Physician or Midwife)

Address Nampa Ida

Given names added from a supplemental report

Sept 10, 1912

John J Meyer Registrar

Filed Aug 1 1913 O. B. Keller M.D. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

689-21 Pic4-494

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 16th Ave. N. Bet 1st & 2nd Sts.

Registration District No. 3

File No. 7677

Primary Registration District No. 1008

Registered No. 216

Hospital x

FULL NAME OF CHILD x Evelyn Whitby

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Girl	x	x	yes	July 18 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Tom Whitby	FULL MAIDEN NAME	Clara Drummond
RESIDENCE	Creamer Idaho	RESIDENCE	Creamer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	x	BIRTHPLACE	Idaho
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Murray

Physician (Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

Sept 7, 1912

J. S. Meyer Dep. Registrar

Filed Aug 1, 1912 O. B. Beller M.D. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 3 0 2013

OCT 23 1952

613-127-014-331

PLACE OF BIRTH

County of Canyon

City of Nampa

No. x ....., ... St.

Hospital x

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 1003 File No. 7678

Primary Registration District No. 1006 Registered No. 217

FULL NAME OF CHILD Clark Lloyd Waldvogel

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	x	x	yes	July 27, 1912

	FATHER	MOTHER
FULL NAME	Lloyd Waldvogel	FULL MAIDEN NAME Effie Clark
RESIDENCE	Boise Basin Boxmont Ada Co Ida	RESIDENCE Boxmont Ada Co Ida
COLOR	White	COLOR white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Ill	BIRTHPLACE Mo.
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. H. Murray M. D.

Physician

(Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Aug 1 1912 O. B. Beller M. D.
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 19 1944

165-202-014-381

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 3

File No. 7679

No. 9th Ave. S. Bet 1st & 2nd Sts.

Primary Registration District No. 1006

Registered No. 218

Hospital X

FULL NAME OF CHILD Florence Jones

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Girl	X	^	yes	July 2, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Wm. R. Jones	FULL MAIDEN NAME Julia May Chaney
RESIDENCE	Nampa Idaho	Nampa Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	29 (Years)	27 (Years)
BIRTHPLACE	Tenn.	Mo.
OCCUPATION	Master Mechanic	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician (Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Aug 1 1912 O. B. Bellen M.D.
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 16 1944

375-102-014-241

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 3 File No. 7680

Primary Registration District No. 1006 Registered No. 219

FULL NAME OF CHILD Samuel ~~Lee~~ Spencer

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male	~		—	Yes	7	2	191[illegible]

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME James Ela... Spencer	FULL MAIDEN NAME Elizabeth Violet Small
RESIDENCE Nampa Ida	RESIDENCE Nampa Ida
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)
COLOR White.	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Ill	BIRTHPLACE Wyoming
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Beller M.D.

Phy.

(Physician or Midwife)

Address Nampa Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Aug 1 19 12 O B Beller M.D

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 7 1958

791-201-014-462

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7681

County of Canyon

City of Nampa

Registration District No. 3

File No.

No. ____, ____ St.

Primary Registration District No. 1006

Registered No. 720

Hospital

FULL NAME OF CHILD Helen Dorothy Gray

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	No	1	Yes	6/1/12

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John O Gray	Dollie Mashu
RESIDENCE	Nampa Ida	Nampa Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 32	White / 27
BIRTHPLACE	Wis	Neb.
OCCUPATION	Hwd Salesman	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F D Calanger MD

Phys (Physician or Midwife)

Address Nampa Ida

Given names added from a supplemental report

K Sept 6, 1912

J.S. Meyer Dep Registrar

Filed Aug 3, 1912 O B Beeler M.D. Registrar

S-Y CO., 16670

APR 26 1967

343-105-014-963

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7682

County of Canyon

City of Nampa

Registration District No. 1003 File No.

No. ____, ____ St.

Primary Registration District No. 1006 Registered No. 321

Hospital

FULL NAME OF CHILD ~~Not yet named~~ Richard Carl Tucker

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	no (To be answered only in event of plural births)	2	Yes	6/5 1912

	FATHER	MOTHER
FULL NAME	~~Clifford~~ Clifton Tucker	FULL MAIDEN NAME Clara Galander
RESIDENCE	Nampa Ida	RESIDENCE Near Nampa Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE Minn.
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child[illegible]other, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. Calonge M.D.

(Physician or Midwife)

Address Nampa Ida

Given names added from a supplemental report

Sept 6, 1912

J. S. Meyer Dep. Registrar

Filed Aug 3 1912 O. E. Bell M.D. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 27 1942

JAN 31 1942

693-219-014-864

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ____, ____ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1003 File No. 7683

Primary Registration District No. 1006 Registered No. 222

FULL NAME OF CHILD Nora Erma Rachel Williams

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Fem	no	2	yes	6 / 19 (Month / Day), 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. E. Williams	FULL MAIDEN NAME	Ida M. Young
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Calaway M.D.

Phys.

(Physician or Midwife)

Address Nampa

Given names added from a supplemental report

Sept 7, 1912

J. S. Meyer Registrar

Filed Aug 3 1920 B B Beller M.D. Registrar

S-Y CO., 16670

MAR 1 2 1942

792-111-014-236

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ____, ____ St.

Hospital ____

Registration District No. 3 File No. 7684

Primary Registration District No. 2005 Registered No. 209

FULL NAME OF CHILD Herbert Irwin Gibbens

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Ø	yes	7- 11 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. L. Gibbens	Belle Stoddard
RESIDENCE	Canyon Co.	Canyon Co
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	33
BIRTHPLACE	Wisconsin	Nebraska
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Haley

Physician (Physician or Midwife)

Given names added from a supplemental report

Sept 6, 1912

J. S. Meyer Dep Registrar

Address ____

Filed Aug 1 1912

J. S. Meyer M.D. VP Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 2 0 1976

249-226-014-415

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell Registration District No. 3 File No. 7685

No. ____, ____ St. Primary Registration District No. 1005 Registered No. 210

Hospital No

FULL NAME OF CHILD Christine Olovia Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female	(One) and (Number in order of birth)	yes	July 26, 1912

	FATHER	MOTHER
FULL NAME	Judson Smith	FULL MAIDEN NAME Cleta Davis
RESIDENCE	Caldwell Idaho	RESIDENCE Caldwell Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE Kans
OCCUPATION	Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Miller

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

Sept 5, 1912

J S Meyer Dep Registrar

Filed Aug 1 1912 J.S. Meyer M.D. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 18 1941

943-127.014-659

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton Ida

Registration District No. 3 File No. 7686

No. ....., ... St.

Primary Registration District No. 7005 Registered No. 208

Hospital .....

FULL NAME OF CHILD Merrill Edward Rutledge

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1st	yes	6, 27, 1912

FATHER		MOTHER	
FULL NAME	Jesse L Rutledge	FULL MAIDEN NAME	Mary E Weir
RESIDENCE	Middleton Ida	RESIDENCE	Middleton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Lauer M D

(Physician or ~~Midwife~~)

Given names added from a supplement 1 report

....., 19.....

Address .....

Filed Aug 1 1912 J. H. Meyer M D By

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 1 1974

211-120014-274

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 7687

No. ____, ____ St.

Primary Registration District No. 1005

Registered No. 203

Hospital Canyon Hospital

FULL NAME OF CHILD Donald Spurgin Baab

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	Ne		yes	July (Month) 20 (Day) 1912 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Baab	Ethel Spurgeon
RESIDENCE	Greeley Colo	Greeley Colo
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	21
BIRTHPLACE	Nebr	Nebr.
OCCUPATION	Clerk.	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Miller

(Physician or Midwife)

Given name added from a supplemental report

July 26, 1912 Address Caldwell Idaho

Js. Meyer MD Dep. Registrar

Filed July 20, 1912 R. C. Bull Registrar

9-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 6 1955

349-211006-766

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7688

County of Bingham

City of Thomas ward

Registration District No 13 File No.

No ....., ... St.

Primary Registration District No. 2053 Registered No. 144

Hospital .....

FULL NAME OF CHILD Naomia Turpin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Femail			yes	Feb 11 1912

FATHER		MOTHER	
FULL NAME	Eduard James Turpin	FULL MAIDEN NAME	Florance Lucreattia Goodwin
RESIDENCE	Thomas ward	RESIDENCE	Thomas ward
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife and Mother

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Feb 11 1912 (Born alive or stillborn), at 6-30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford

(Physician or Midwife)

Address Blackfoot R.F.D. No 2 Ida

Given names added from a supplemental report

....., 19.....

Filed Aug 4 1913 M E Patric

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

...VED FOR BINDING ... UNFADING INK—THIS IS A PERMANENT RECORD

156-115-006-555

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot — Registration District No. 13 — File No. 7689

No. 65 N. University ave St. — Primary Registration District No. 1007 — Registered No. 142

Hospital —

FULL NAME OF CHILD William Robert.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Boy	—	2	yes	January 15, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Willaid Roy Jewell	FULL MAIDEN NAME	Jesse Nevins
RESIDENCE	Blackfoot. Ida	RESIDENCE	Blackfoot. Ida.
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Independence, Kans.	BIRTHPLACE	Santa Rosa. Cal.
OCCUPATION	Minister	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis A Poole M.D.

(Physician or Midwife)

Address Blackfoot, Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Feb. 7 19 12 W. E. Patrie
Aug 4-1912
Registrar

S-Y CO., 16870

APR 5 1967

819-109-006-455

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Ward.

No ____, ____ St.

Hospital ____

Registration District No 13 File No. 7690

Primary Registration District No. 2053 Registered No. 43

FULL NAME OF CHILD Eugene Worsley Harward.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb 9th 1912

FATHER		MOTHER	
FULL NAME	Leon Sinclair Harward.	FULL MAIDEN NAME	Emma Jane Reese
RESIDENCE	Thomas Ward	RESIDENCE	Thomas Ward
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	Thirtynine (Years)	AGE AT LAST BIRTHDAY	Thirty three (Years)
BIRTHPLACE	Springville. Utah.	BIRTHPLACE	Spanishfork Utah.
OCCUPATION	Farmer	OCCUPATION	Rearing children

Number of child of this mother, including present birth Sixth

Number of children, of this mother, now living, including present birth Five.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Feb 9th (Born alive or stillborn), at Six 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Chaffin

Midwife (Physician or Midwife)

Address Blackfoot R.F.D. No 2

Given names added from a supplemental report

....., 19.....

Filed Aug 4 1912 W.E. Patrie

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

APR 16 1985

155-107-006693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 432 University St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 7691

Primary Registration District No. 1007 Registered No. 145

FULL NAME OF CHILD Clarence Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 7, 1912

FATHER	MOTHER
FULL NAME: Louis D. Jensen	FULL MAIDEN NAME: Emma Williams
RESIDENCE: Blackfoot, Idaho	RESIDENCE: Blackfoot, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 8

Number of children, of this mother, now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11.34 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. Whitsett

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Aug 4 1912 W. E. Parker

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Form V. S. No. U-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

91

Local Office District No. _____ File No. _____

Printing Department District No. _____ Registered No. _____

CHILD

NAME

PLACE OF BIRTH

Number

Street

City or Town

County

Date of Birth

(Month) (Day) (Year)

MOTHER

FULL MAIDEN NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

FATHER

FULL NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

I hereby certify that I attended the birth of this child, who was born alive at the time and on the date above stated.

(Signature)

(Address)

(Date)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Number of children, of this mother, now living, including above

Given name added from supplemental report

(Signature)

(Address)

(Date)

Registrar

318-107-006-592

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Groveland

No _____, _____ St.

Hospital _____

Registration District No 13 — File No. 7692

Primary Registration District No 2053 — Registered No. 146

FULL NAME OF CHILD Harold Leon Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Feb. 7, 1912

FATHER	MOTHER
FULL NAME Geo. Taylor	FULL MAIDEN NAME Maud. Nish
RESIDENCE Blackfoot, R 7 Dno. 1.	RESIDENCE Blackfoot, Idaho R 7 Dno 1.
COLOR white — AGE AT LAST BIRTHDAY 26 (Years)	COLOR white — AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 8.30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W Metcalf. (Physician or Midwife)

Address _____

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed Aug 4 19 12 M. E. Patrick Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 19 1959

414-208-006-856

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Wapello.

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 19 — File No. 7693

Primary Registration District No. 2053 — Registered No. 147

FULL NAME OF CHILD Wilma Madsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
Female			yes	Feb. 8, 1912

FATHER		MOTHER	
FULL NAME	Enoch Madsen	FULL MAIDEN NAME	Lidy Howard
RESIDENCE	Bluefield, Idaho #3	RESIDENCE	Bluefield, Idaho #3
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Mitchell

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed Aug 4 19 12 W. E. Patrick

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

JUN 26 1972

995-204-006-213

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7694

County of Bingham

City of Blackfoot ward 4

Registration District No 13 File No.

No ....., ... St.

Primary Registration District No 2053 Registered No. 148

Hospital .....

FULL NAME OF CHILD Patience Ziegler Lydian Patience Ziegler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 4 1912

FATHER		MOTHER	
FULL NAME	Elwood F. Ziegler	FULL MAIDEN NAME	Patience Bates
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Aug 4 1912 W. E. Petrie

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 15 1948

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

219-222 ~~06~~ 06-255

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. North No 1 St.

Hospital

Registration District No. 13

File No. 7695

Primary Registration District No. 2053

Registered No. 149

FULL NAME OF CHILD Mable Barnes

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and number of [illegible]	Legitimate?	Date of birth (Month) July (Day) 22 (Year) 1912
Fem.				

FATHER		MOTHER	
FULL NAME	Oscar Barnes	FULL MAIDEN NAME	Mary Ellen Bennett
RESIDENCE	Portneuf	RESIDENCE	Portneuf
COLOR		COLOR	
AGE AT LAST BIRTHDAY	42	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at [illegible] M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nicola Fumarola

Midwife (Physician or Midwife)

Address [illegible]

Given names added from a supplemental report

....., 19....

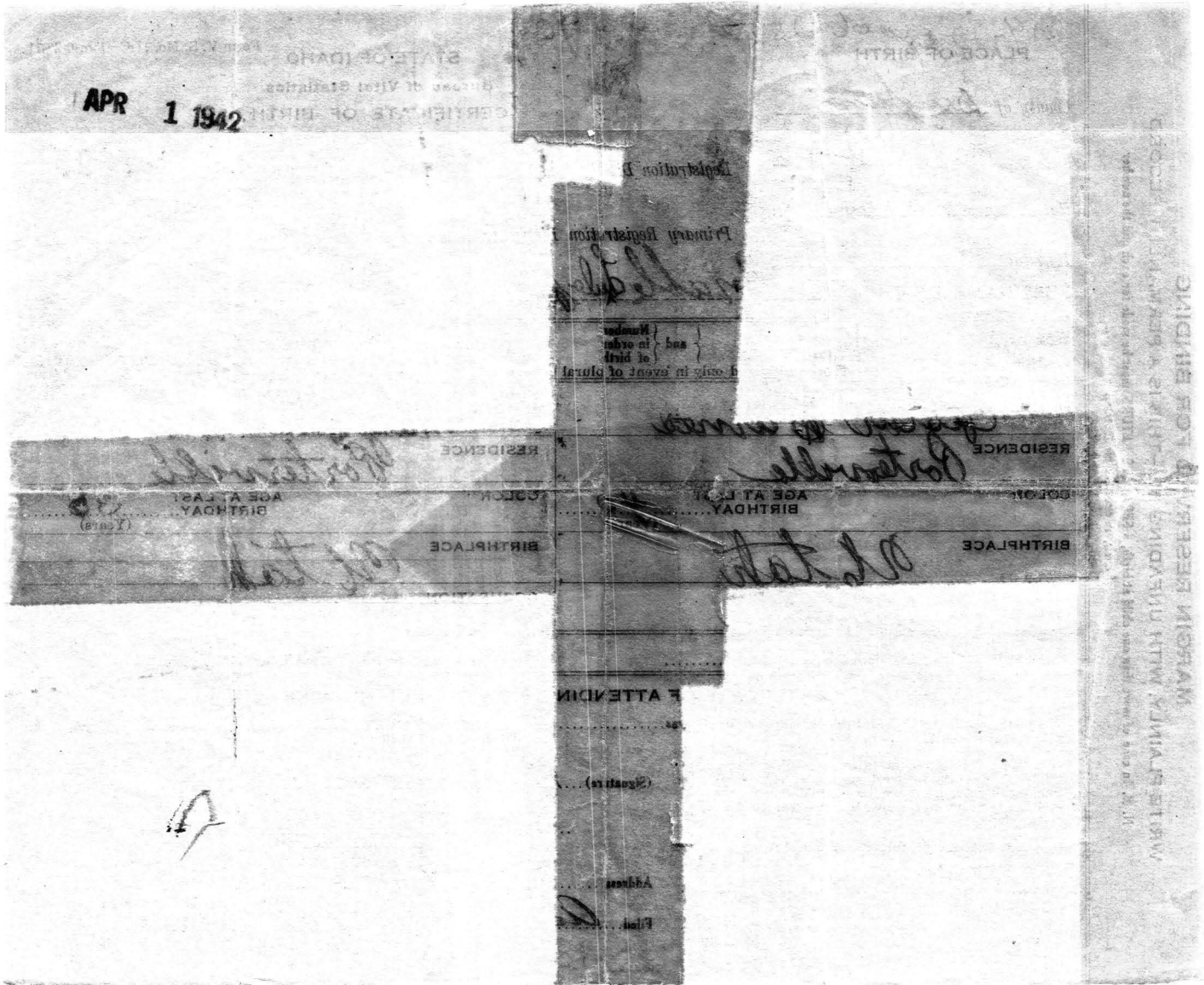
Registrar

Filed Aug 5 1912 W. E. Petrie

Registrar

S-Y CO., 16670

APR 1 1942



295-124 1006-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Ward 1 St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 7696

Primary Registration District No. 2053 Registered No. 150

FULL NAME OF CHILD FENTON WILSON Bingham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	yes	July 24, 1912

FATHER		MOTHER	
FULL NAME	Elijah Bingham	FULL MAIDEN NAME	Minnie Wilson
RESIDENCE	Blackfoot Ward 1	RESIDENCE	Blackfoot 2da
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	48 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	—

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3.06 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Aug 6 1912 M E Patrie

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

STATE OF IDAHO

CERTIFICATE OF BIRTH

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 7696
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Fenton Wilson Bingham (Name on Original Certificate) who was born (Was Born or Died) on July 24, 1912 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on October 15, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Bingham	Fenton Wilson Bingham

Subscribed and sworn to before me this 30th
day of March 19 42

Olga Shellaft
Clerk of Probate Court
Notary Public, residing at Idaho Falls, Idaho

My commission expires
(Seal)

Signed Mrs C. F. Gaboille older (sister)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1451 Sage Ave. Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th
day of March 19 42

Olga Shellaft
Clerk of Probate Court
Notary Public, residing at Idaho Falls, Idaho

My commission expires
(Seal)

Signed Mrs. W. H. Stringham
(Signature of Any Credible Person Other Than Previous Year)

Route # 3, Idaho Falls, Idaho
(Street Address, City, State)

APR 21 1945

339-403-006-418

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 189 N. Maple St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 7697

Primary Registration District No. 1007 Registered No. 151

FULL NAME OF CHILD ~~Unnamed~~ Burton V. Cline

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
M			Yes	Aug. 3, 1912

FATHER	MOTHER
FULL NAME Thomas Cline	FULL MAIDEN NAME Mary Mayott
RESIDENCE Blackfoot	RESIDENCE Blackfoot
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Michigan
OCCUPATION R.R. Brakeman	OCCUPATION

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 3:15 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Blackfoot Idaho

Filed Aug. 6 19 12 M E Patrie

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 15 1958

APR 29 1958

789-107-006-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 7698

Primary Registration District No. 2029 Registered No. 152

FULL NAME OF CHILD Nettie Ethel Phillips

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Aug. 7, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elias Phillips	Nettie Slaught
RESIDENCE	Aberdeen Ida	Aberdeen Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	26
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 6:55 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McCrockinnon M.D.

(Physician or Midwife)

Address Aberdeen Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 7 19 12 M. McCrockinnon

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

493-201-006-855

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Ward

Registration District No 13 File No. 7700

No ____, ____ St.

Primary Registration District No. 2033 Registered No. 154

Hospital ____

FULL NAME OF CHILD Rosie Mitchel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	August 1, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Mitchel	Jane Henderson
RESIDENCE	Thomas Ward	Thomas Ward
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	14
BIRTHPLACE	Kansas	Utah
OCCUPATION	Farmer	Mother Wife

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Comstock

Midwife (Physician or Midwife)

Address Blackfoot R. F. D. 2

Filed Aug 8, 1912 M E Reti! Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & STRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 2 9 1975

ISY-22-056-796

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 13, Pacific St.

Registration District No. 13

File No. 7701

Primary Registration District No. 1007

Registered No. 155

Hospital

FULL NAME OF CHILD Mable Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female			yes	July 27 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Carl G. Anderson	FULL MAIDEN NAME Mary Graul
RESIDENCE Blackfoot, Idaho	RESIDENCE Blackfoot, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Sweden
OCCUPATION Commission Merchant	OCCUPATION Dress Maker

Number of child of this mother, including present birth. 3

Number of children, of this mother, now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Whitehead

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed Aug 14, 1912 W. E. Patine

Registrar

.....

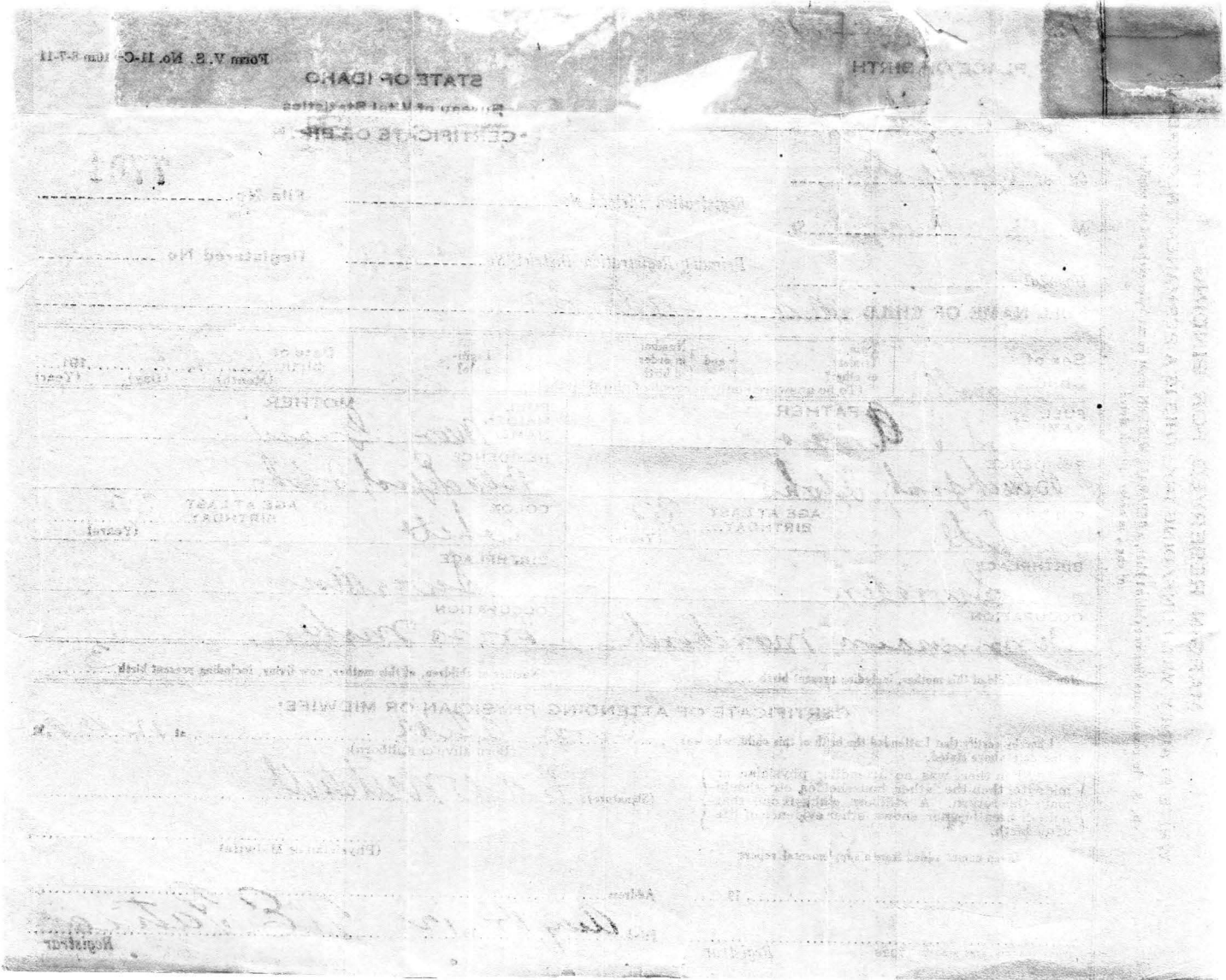
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



814-22.006-563

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bingham

City of Groveland

No. —, — St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-11

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 7702

Primary Registration District No. 2053 Registered No. 136

FULL NAME OF CHILD [redacted] Harold LeRoy Hammond

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	2	Yes	August 22, 1912

FATHER	MOTHER
FULL NAME: Albert Leroy Hammond	FULL MAIDEN NAME: Ethel M Halliday
RESIDENCE: Groveland, Idaho	RESIDENCE: Groveland, Ida
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Iowa
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or Midwife)

Address Blackfoot, Ida

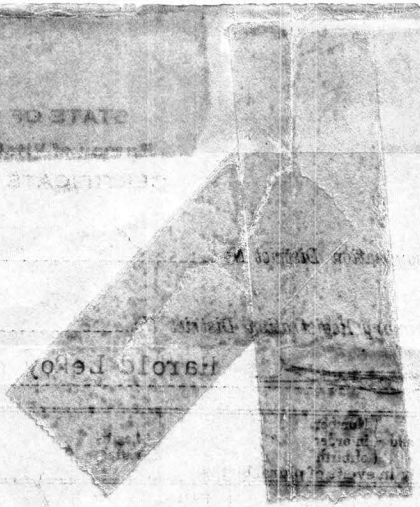
Filed Aug 23 1912 W. E. Parkes Registrar

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 15 10 24 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Del Norte }

Certificate No. 7702

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hammond (male) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 22, 1912 (Date of Event)
in Groveland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ARMY DISCHARGE INS. POLICY FATHERS AFFIDAVIT (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Harold LeRoy Hammond

Subscribed and sworn to before me this 10th day of April, 1974.

Elizabeth J. White
Notary Public, residing at Klamath, California
My commission expires April 25, 1976

Signed Harold LeRoy Hammond
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

ST. RT 480 KLAMATH CALIF 95548
(Street Address, City, State)

OFFICIAL SEAL
(Seal) ELIZABETH J. WHITE
NOTARY PUBLIC-CALIFORNIA
DEL NORTE COUNTY
My Comm. Expires Apr. 25, 1976

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of California } ss.
County of Del Norte }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of April, 1974.

Elizabeth J. White
Notary Public, residing at Klamath, California
My commission expires April 25, 1976

Signed G. Andrew McBeth
(Signature of Any Credible Person)

Box 526 Klamath Calif.
(Street Address, City, State)

OFFICIAL SEAL
(Seal) ELIZABETH J. WHITE
NOTARY PUBLIC-CALIFORNIA
DEL NORTE COUNTY
My Commission Expires Apr. 25, 1976

FORM DH 60: 139 CL 2/25/74

Klamath, CA. 95548

APR 2 9 1974

Honorable Discharge from the U.S. Army gives name as Harold L. Hammond. born Aug 22, 1912. date of speparation Nov. 24, 1945. Viewed by V. S.

Apllication to New York Life Insurance Co. gives name as Harold Leroy Hammond. born Aug. 22, 1912. dated June 28, 1950. Viewed by V. S.

345-21-006-453

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Iroland

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 13 File No. 7703

Primary Registration District No. 2053 Registered No. 157

FULL NAME OF CHILD Unnamed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	10	yes	8, 21, 1912

FATHER	MOTHER
FULL NAME William Lundgren	FULL MAIDEN NAME Hannah Mickelson
RESIDENCE Moreland, Idaho	RESIDENCE Moreland Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 50 (Years)	AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE Utah	BIRTHPLACE Denmark
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (born alive or stillborn), at 3.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. N. Larsen

(Physician or Midwife)

Address Blackfoot, Idaho

Filed Aug 23 19 12 W. E. Patrick

Registrar

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

257-111006-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Brigham

City of Blackfoot

No. Ward 3 ~~St.~~

Hospital ———

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 7704

Primary Registration District No. 2053 Registered No. 158

FULL NAME OF CHILD Vernon Lyon Beakley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Aug 11, 1912

FATHER		MOTHER	
FULL NAME	William A Beakley	FULL MAIDEN NAME	Minnie Lyons
RESIDENCE	Blackfoot (Ward 3)	RESIDENCE	Blkfoot (Ward 3)
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Arkansaw	BIRTHPLACE	Kansas
OCCUPATION	Lawyer	OCCUPATION	———

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis

(Physician or Midwife)

Address

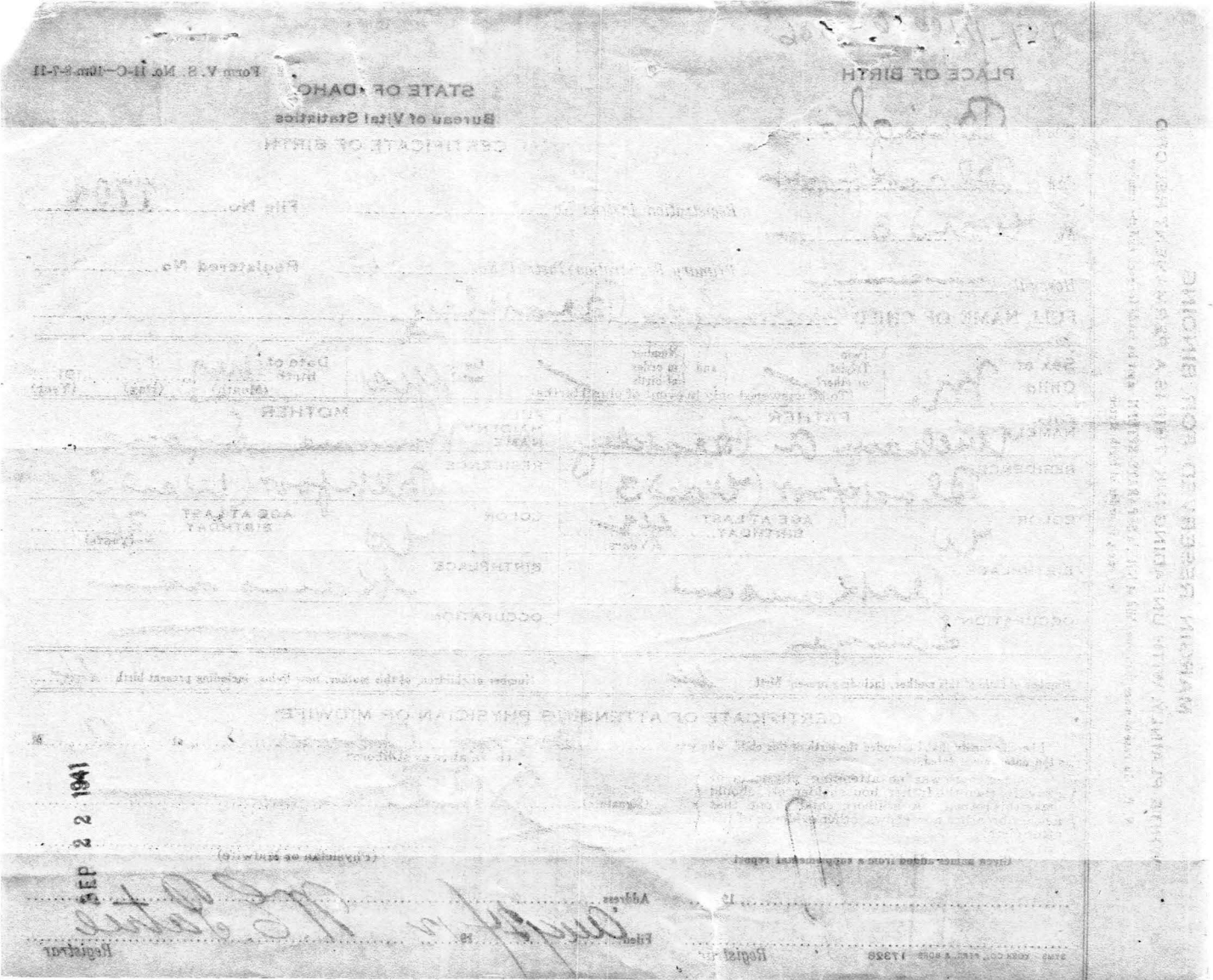
Filed Aug 24 19 12 W E Patrie Registrar

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



255-223-006-315

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—1[illegible]

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 609 University St.

Hospital at Mrs. Batway

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 7705

Primary Registration District No. 007 Registered No. 159

FULL NAME OF CHILD Gertrud Kendrick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	August 23, 1912

FATHER		MOTHER	
FULL NAME	Seth Kendrick	FULL MAIDEN NAME	Josephine Sandy
RESIDENCE	Hamer	RESIDENCE	Hamer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Nebraska
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

.....
Registrar

Address .....

Filed Aug 29 1912 W. E. Patrie
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

814-114-006-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Grveland

No ....., ... St.

Hospital .....

Registration District No 13 File No. 7706

Primary Registration District No. 2053 Registered No. 160

FULL NAME OF CHILD Homer Hammond

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 14, 1912

FATHER	MOTHER
FULL NAME: Elmer F. Hammond	FULL MAIDEN NAME: Martha L. Barnes
RESIDENCE: Groveland, Blackfoot, Idaho	RESIDENCE: Groveland, Blackfoot, Idaho
COLOR: white	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 11:45 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Registrar

Filed Sept 9 19 12 M. E. Patrick

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

Form V.S. No. II-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No.

Registered No.

FULL NAME OF CHILD

Sex of Child

Date of birth

(Month) (Year)

FATHER

MOTHER

FULL MAIDEN NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(Signature)

(Address)

(Physician or Midwife)

Registrar

293-121-006-691

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot (Riverside)

Registration District No 13 — File No. 7707

No ____, ____ St.

Primary Registration District No. 2052 — Registered No. 164

Hospital ____

FULL NAME OF CHILD Eugene W. Sickert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 21, 1912

FATHER		MOTHER	
FULL NAME	William A. Sickert	FULL MAIDEN NAME	Mildred Irene Frash
RESIDENCE	Blackfoot, Idaho (Riverside)	RESIDENCE	Blackfoot, Idaho (Riverside)
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Registrar

Address .....

Filed Sept 3, 1912 M. E. Patrick

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 22 1968

918-122-006-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bingham

City of Wapello

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7708

Registration District No. 13 File No. ____

Primary Registration District No. 2053 Registered No. 169

FULL NAME OF CHILD Floyd Raymond

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 22 1912

FATHER

FULL NAME E. W. Haward

RESIDENCE Blackfoot Idaho #3

COLOR White

AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE California

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Jennie Mackey

RESIDENCE Blackfoot, Idaho

COLOR White

AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Utah

OCCUPATION Housework

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3. a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Mitchell

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

Filed Sept 3 1912 W. E. Patrick

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Registrar

MAY 3 1 1967

693-12-0006-451

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Rurside

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 7709

Primary Registration District No. 2053 Registered No. 168

FULL NAME OF CHILD Joseph Russell Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 28 1912

FATHER	MOTHER
FULL NAME Joseph L. Wilson	FULL MAIDEN NAME Lucy Russ
RESIDENCE Blackfoot, Idaho R 2	RESIDENCE Blackfoot, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Whitehead

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Sept 3 1912 M. E. Patrie

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

962-129-006-553

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Brigham

City of Moreland

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 13 File No. 7710

Primary Registration District No. 2013 Registered No. 164

FULL NAME OF CHILD Dalton Robbins

Sex of Child Male

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of birth Aug 29 (Month) (Day) 1912 (Year)

FATHER

FULL NAME Louis Robbins

RESIDENCE Blackfoot, Idaho #4

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Maud Nelson

RESIDENCE Blackfoot Idaho #4

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Idaho

OCCUPATION Housework

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1 17 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed Sept 3 1912 M. E. Patrick

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

256-130-006-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 238 N. Stanlon

Registration District No. 13 — File No. 7711

Primary Registration District No. 1007 — Registered No. 165.

Hospital

FULL NAME OF CHILD Charles Russell Sewell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 30, 1912

FATHER	MOTHER
FULL NAME: Russell L. Sewell	FULL MAIDEN NAME: Emma L. Jones
RESIDENCE: Blackfoot, Idaho	RESIDENCE: Blackfoot, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Mo	BIRTHPLACE: Utah
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 4, M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Whitehall

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed Sept 3 1912 M. E. Patrie

Registrar

.....

Registrar

SVMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No.

Registration District No.

Registered No.

Primary Registration District No.

FULL NAME OF CHILD

Sex

Color

Date of birth

(Month) (Day) (Year)

FATHER

MOTHER

Maiden name

Residence

Color

Age at last birthday

Birthplace

Occupation

Number of child in order of birth

Married

Date of birth

Birthplace

Residence

Color

Age at last birthday

Birthplace

Occupation

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended child born to mother on the date above stated, and that I last saw mother alive on

(Month) (Day) (Year)

(Signature)

(Address)

(Physician or Midwife)

Registrar

168-131-006-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No ....., ... St.

Hospital Blackfoot

Registration District No 13 File No. 7712

Primary Registration District No 2033 Registered No. 164

FULL NAME OF CHILD Charles Louis Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 31, 1912

FATHER	MOTHER
FULL NAME Daniel S. Johnson	FULL MAIDEN NAME Alice Mather
RESIDENCE Blackfoot, Idaho #4	RESIDENCE Blackfoot, Idaho #4
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Alabama	BIRTHPLACE Alabama
OCCUPATION Laborer	OCCUPATION Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Whitehead

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed Sept 3 19 12 M E Jahie

Registrar

SVMS - YORK CO., PTRS. & BDRS. 17326

Registrar

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

547 126-006-791

MARGIN RESERVED FOR BINDING
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bingham
City of Sterling
No ____, ____ St.
Hospital ____

Registration District No 13 — File No. 7713
Primary Registration District No. 2029 — Registered No. 167

FULL NAME OF CHILD Sterling Glen Nugent

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male Boy		4		Aug 26 1912

FATHER		MOTHER	
FULL NAME	Lewis A. Nugent	FULL MAIDEN NAME	Nancy Louisa Graham
RESIDENCE	Sterling Ida	RESIDENCE	Sterling
COLOR	white	AGE AT LAST BIRTHDAY (Years)	40
COLOR	white	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Utah	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Mother

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford
(Physician or Midwife)
Address Blackfoot R.F.D. #2

Given names added from a supplemental report
____, 19____
Filed Sept 3 19 12 M. E. Patrie
Registrar

SYMS - YORK CO., PTRS. & RDRS. 17826

MAY 14 1942

Registrar

613-110-006-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7714

County of Bingham

City of Thomas Yard

Registration District No 13 File No.

No ....., ... St.

Hospital No Primary Registration District No 2053 Registered No. 168

FULL NAME OF CHILD Parsons Lamont Tackett.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	1st	yes	Aug 10 1912

	FATHER	MOTHER
FULL NAME	Henry P. Tackett	FULL MAIDEN NAME Hettie Parsons
RESIDENCE	Blackfoot R.F.D. # 2	RESIDENCE Do
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5-00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) M. C. Petrie

Physician
(Physician or Midwife)

Address Blackfoot, Idaho

Filed Aug 29 19 12 M. C. Petrie
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.

Registration District No.

Primary Registration District No.

Registered No.

FULL NAME OF CHILD

Date of Birth

(Month) (Day) (Year)

MOTHER

FATHER

RACE

COLOR

NAME

RESIDENCE

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at

Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

557-220-006-754

Amended 7-28-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 7716
Local Reg. No. 170
Reg. Dist. No. 13

1. PLACE OF BIRTH

a. COUNTY: Bingham

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Moreland

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bingham

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Moreland

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Priscilla b. (Middle): c. (Last): England

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	July 20, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): William b. (Middle): T. c. (Last): England

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
38 YEARS	Plain City, Utah	Farming	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Eliza b. (Middle): M. c. (Last): Geddes

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
38 YEARS	Plain City, Utah	4		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Mary A. Hatch

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Blackfoot, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Sept. 3, 1912

22. REGISTRAR'S SIGNATURE: W.E. Patrie

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 26 1967
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 7716

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed England (female child) (Name on Original Certificate) who was born (Was Born or Died) on July 19, 1912 (Date of Event)
in Moreland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Priscilla England
Child's Date of Birth	July 19, 1912	July 20, 1912

Subscribed and sworn to before me this 22ND day of APRIL, 19 67

Douglas R. Parkinson

Notary Public, residing at BLACKFOOT, IDAHO

My commission expires 1-1-68

(Seal)

Signed Lurleen E. Wheeler (SISTER)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R F D #1, BLACKFOOT, IDAHO 83221
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

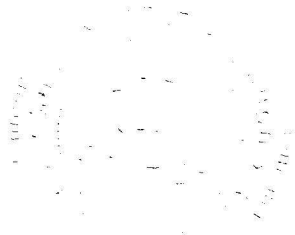
.....
(Street Address, City, State)

FORM DH 60-155

CL 7-1-63. one copy pd. rec. #14498.

L.D.S. Church Cert. of Baptism and Confirmation, Sept. 4, 1920 gives full name as Priscilla England, daughter of William Thueson England and Eliza Marie Geddes, born July 20, 1912 at Moreland, Idaho - viewed by V.S.

Beneficial Life Insurance Policy, Priscilla England, age 14, born July 20, 1912 at Moreland, Idaho - beneficiary is given as Eliza M. England, Mother - Policy No. 68646, dated Dec. 16, 1926 - beneficiary was changed to David H. Hatch, husband on Nov. 8, 1938 - viewed by V.S.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—16m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Inkland

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 13 File No. 7716

Primary Registration District No. 2053 Registered No. 170

FULL NAME OF CHILD Unnamed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 19 1912

FATHER		MOTHER	
FULL NAME	William J England	FULL MAIDEN NAME	Eliza M Geddes
RESIDENCE	Inkland	RESIDENCE	Inkland, Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Plain City Utah	BIRTHPLACE	Plain City Utah
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ____ M. on the date above stated.

(Signature) Mary A Hatch

Midwife

(Physician or Midwife)

Address Blackfoot Idaho

Filed Sept 3 1912 W E Patrie Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

JUL 28 1967

362-129-1006-651

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Binghamm

City of Marelaud

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 7717

Primary Registration District No. 2053 Registered No. 171

FULL NAME OF CHILD ROY COBBLEY ~~Alfred Cobley~~

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single (To be answered only in event of plural births)	3	Yes	July 29 1912

FATHER	MOTHER
FULL NAME Ernest COBBLEY ~~Cobley~~	FULL MAIDEN NAME Annie Oard
RESIDENCE Marelaud	RESIDENCE Marelaud
COLOR White AGE AT LAST BIRTHDAY 29 (Years)	COLOR White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Pleasant Utah	BIRTHPLACE Grassed Utah
OCCUPATION Farmer	OCCUPATION

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Mary A Hatch

Midwife
(Physician or Midwife)

Address Blackfoot, Idaho

Filed Sept 3 1912 M E Patrie
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Utah } ss.

Certificate No. 7717

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Roy Cobbley (Name on Original Certificate) who born (Was Born or Died) on July 29, 1912 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on immediately after (Give Date) are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Roy Cobbley
Surname	Cobly	Cobbley

Subscribed and sworn to before me this 7th. day of July, 19 43.

Signed Ernest S Cobbley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Pleasant Grove, Utah

My commission expires August 30, 1943
(Seal)

Pleasant Grove, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Utah } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th. day of July, 19 43.

Signed Ernest S Cobbley
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Pleasant Grove, Utah

My commission expires August 30, 1943
(Seal)

Pleasant Grove, Utah
(Street Address, City, State)

JUL 12 1943

962.122.006-169

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Moreland

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 7718

Primary Registration District No. 2053 Registered No. 172

FULL NAME OF CHILD Unnamed Robinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		4	Yes	July 22 1912

FATHER

FULL NAME: John L. Robinson

RESIDENCE: Moreland

COLOR: White AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Ogden Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Elizabeth J Jordan

RESIDENCE: Moreland

COLOR: White AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Ohio

OCCUPATION:

Number of child of this mother, including present birth: 4th

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Hatch

Midwife

(Physician or Midwife)

Address Blackfoot Idaho

Filed Sept 3 1912 M E Petrie

Registrar

Given names added from a supplemental report

____, 19____

____

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

DUP OF 12-293421

681-428-006-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Inareland

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 7719

Primary Registration District No. 2063 Registered No. 173

FULL NAME OF CHILD Joseph Fyans

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 28 1912

FATHER

FULL NAME: Joseph Fyans

RESIDENCE: Inareland

COLOR: White AGE AT LAST BIRTHDAY: 42 (Years)

BIRTHPLACE: Tantan Mass

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Mae Farnsworth

RESIDENCE: Inareland

COLOR: White AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Tuba Arizona

OCCUPATION:

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

(Signature) Mary A Platt

Midwife

(Physician or Midwife)

Address Blackfoot Idaho

Filed Sept 3 1912 M E Patrie

Registrar

____ Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

MARGIN RESERVED FOR BINDING

WASTE PLANTS WITH UNREADABLE INK—THIS IS A PERMANENT RECORD

34-22-1006-386

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot Rural Registration District No. 13 File No. 7720

No. No St. Primary Registration District No. 2053 Registered No. 174

Hospital No

FULL NAME OF CHILD Ruth Afton Leedy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	August 21 1912

FATHER		MOTHER	
FULL NAME	Abraham A. Leedy	FULL MAIDEN NAME	Gertrude Fredericksen
RESIDENCE	Kansas	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Mo
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patrie

(Physician or midwife)

Address

Given names added from a supplemental report

19

Registrar

Filed Sept. 3 1912 M. E. Patrie

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 28 1967

c.c. 6/5/41. w.h.

449.220.006-815

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot — Registration District No. 13 — File No. 7721

No. 410 N. Emmerson Ave. — Primary Registration District No. 1007 — Registered No. 175

Hospital No.

FULL NAME OF CHILD Marceille M. Murphy

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	August 20th (Month) (Day) (Yr)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jas. Dan. Murphy	FULL MAIDEN NAME	Josephine Hansen
RESIDENCE	Blackfoot Idaho	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 yrs (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Petrie

Physician (Physician or midwife)

Address Blackfoot

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Sept 3 19 12 M. E. Petrie
Registrar

S-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

DEC 14 1942

243-229-006-293

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 716 S. Shilling St.

Hospital No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 7722

Primary Registration District No. 1007 Registered No. 176

FULL NAME OF CHILD Unnamed Buchanan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Aug 29 1912

FATHER

FULL NAME: Edmond Buchanan

RESIDENCE: Blackfoot Ida

COLOR: White AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Utah

OCCUPATION: Merchant

MOTHER

FULL MAIDEN NAME: Marie Killian

RESIDENCE: Do

COLOR: White AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patrick

Phys (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Sept 3 19 12 M. E. Patrick
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 23 1974

434-131-006-632

Form V. S. No. 11-C—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot — Registration District No. 23 — File No. 7723

No. 120 N. Stout Ave St. — Primary Registration District No. 1007 — Registered No. 177

Hospital No

FULL NAME OF CHILD ~~Alan Maxwell~~ JACK MILTON McMurdie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Aug 31 1912

FATHER		MOTHER	
FULL NAME	John M. McMurdie	FULL MAIDEN NAME	Bessie S. Olson
RESIDENCE	Blackfoot Idaho	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Luxarden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.40 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Petrie

Phys (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Sept 3 19 12 M. E. Petrie
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Salt Lake } ss.

Certificate No. 7723

Date Filed May 25, 1942

The undersigned does solemnly swear that certain facts on the certificate of august 31 1912 - birth
(Birth or Death)
for Jack Milton Mc Murdie who born on aug. 31, 1912.
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Blackfoot Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by church records. prepared on ....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Jack Milton McMurdie

Subscribed and sworn to before me this 26th
day of May, 1942.
L. H. Jonssen
Notary Public, residing at Salt Lake
My commission expires 4/10/46
(Seal)

Signed Mrs John. McMurdie
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1553 S 16th East Salt Lake city Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Salt Lake } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th
day of May, 1942
L. H. Jonssen
Notary Public, residing at Salt Lake
My commission expires 4/10/46
(Seal)

Signed Wm. M. McMurdie
(Signature of Any Credible Person Other Than Previous Year)
1420 Emerson Ave. S.L. City
(Street Address, City, State)

MAY 27 1942

JUN 1 1942

465-121-006-239

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot Rand #1 Registration District No. 13 File No. 7724

No. no St. Primary Registration District No. 2053 Registered No. 178

Hospital no

FULL NAME OF CHILD GEORGE ALBERT Doerrer

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Aug 21 1912

FATHER	MOTHER
FULL NAME Michael Doerrer	FULL MAIDEN NAME Emily Kincaid
RESIDENCE Blackfoot Idaho	RESIDENCE Do
COLOR White AGE AT LAST BIRTHDAY 40 (Years)	COLOR White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Germany	BIRTHPLACE Germany
OCCUPATION Shoemaker	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4-00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Patrie

Phys (Physician or midwife)

George Albert Doerrer
Given names added from a supplemental report

Address Blackfoot Idaho

Sept 6 1912

M E Patrie
Registrar

Filed Sept 3 1912

M E Patrie
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 25 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Connecticut } ss.
County of New Haven }

SEP 24 1941

Certificate No. 7724
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for George Albert Doerrer (Name on original certificate) who Born (Was born or died) on Aug 21 - 1912 (Date of event)
in Blackfoot Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Insurance Pol. (Bible record, insurance policy, etc.) prepared on 1931 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	unnamed Doerrer	George Albert Doerrer

Subscribed and sworn to before me this 23
day of September, 1941.

David J. Chittenden
Notary Public, residing at Madison
My commission expires 2/1/46
[SEAL]

Signed Camille Doerrer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Madison Conn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Connecticut } ss.
County of New Haven }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23
day of Sept, 1941.

David J. Chittenden
Notary Public, residing at Madison
My commission expires 2/1/46
[SEAL]

Signed Stephen Misikonis
(Signature of any credible person other than the previous affiant.)

440 East 21st, New Haven, Conn
(Street Address, City, State)

Received for filing on SEP 24 1941 By
(Registrar's signature)

[redacted]344-107-014-331

[redacted]RTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

[redacted]anyon

City of Payette

Registration District No. 22 File No. 7725

No. ....., ... St.

Primary Registration District No. 2008 Registered No. 102

Hospital .....

FULL NAME OF CHILD Glen Westley ~~Harland~~ Cumberland

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one		first	yes	aug 7, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis J Cumberland	FULL MAIDEN NAME	Margaret E. Clanton
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Fulton Mo	BIRTHPLACE	Laurens Iowa
OCCUPATION	Brick Maker	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or still born) at 10 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Barton M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address PAYETTE IDAHO

Filed Aug 13 1912 J. C. Woodward

S-Y CO., 16670 Registrar Registrar

6-12-41 G. J.

2861/11 · 04-168

PLACE OF BIRTH

Form V. S. No. 11-C—15m-[illegible]-41

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. 715, 6st N. St.

Registration District No. 22

Primary Registration District No. 2

File No. 7726

2010

Registered No. 103

Hospital

FULL NAME OF CHILD Mark Shoesmith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Aug 11, 192[illegible]

FATHER	MOTHER
FULL NAME Rollin A Shoesmith	FULL MAIDEN NAME Ida N. Johnston
RESIDENCE Payette	RESIDENCE Payette
COLOR white	AGE AT LAST BIRTHDAY 41 (Years)
COLOR white	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Michigan	BIRTHPLACE Wis.
OCCUPATION merchant	OCCUPATION housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C. A Barton
L.M.B

(Physician or Midwife)

Address Payette Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Aug 31 19 12 J. C. Woodward
Registrar

S-Y CO., 16670

JUN 10 1942

618-110-04-129

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7727

County of Canyon

City of Payette

Registration District No. 22

File No.

No. ____, ____ St.

Primary Registration District No. 2008

Registered No. 104

Hospital

FULL NAME OF CHILD Herbert Sherman Wayne

Sex of Child	Twin, Triplet, or Other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Male	Single	2	yes	Aug. 10 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Henry Wayne	FULL MAIDEN NAME	Abram
RESIDENCE	Payette	RESIDENCE	Payette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	~~Kansas~~ Nebr.	BIRTHPLACE	Iowa
OCCUPATION	Farmer & Nurseryman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Crouch

Physician (Physician or Midwife)

Address Payette Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

File Aug 21 19 12 J. C. Woodward
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 19 1942

239-123-014-459

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

Registration District No. 22 File No. 7728

No. ____, ____ St.

Primary Registration District No. 2008 Registered No. 105

Hospital ____

FULL NAME OF CHILD Leonard Dale Bliss

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 23, 1912

FATHER		MOTHER	
FULL NAME	Geo R. Bliss	FULL MAIDEN NAME	Dorothy L Merritt
RESIDENCE	Payette, Ida.	RESIDENCE	Payette, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Wis.	BIRTHPLACE	Kansas
OCCUPATION	Tailor.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F R Woodward M.D.

(Physician or Midwife)

Address Payette, Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Aug 24 1912 J C Woodward
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

855-123-014-312

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C [illegible]

PLACE OF BIRTH

County of Canyon

City of _____

No _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 22 File No. 7729

Primary Registration District No. 2008 Registered No. 106

FULL NAME OF CHILD Unnamed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug. 23, 1912

FATHER	MOTHER
FULL NAME H. Henningsen	FULL MAIDEN NAME Margaret Lassen
RESIDENCE Five miles South East of Payette	RESIDENCE With husband
COLOR White	AGE AT LAST BIRTHDAY 49 (Years)
COLOR White	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Germany	BIRTHPLACE Germany
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19____

_____ Registrar

(Signature) O. H. Avery

Physician

(Physician or Midwife)

Address Payette, Idaho

Filed Aug. 30 1912 J. C. Woodward Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

PLACE OF BIRTH

666-131-014812

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

Registration District No. 22 File No. 7730

No. 926-1st Ave So St.

Primary Registration District No. 2008 Registered No. 107

Hospital

FULL NAME OF CHILD Ira Richard Woodward Jr

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 31, 1912

FATHER		MOTHER	
FULL NAME	Ira Richard Woodward	FULL MAIDEN NAME	Anna J Hastings
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Wisconsin	BIRTHPLACE	Canada
OCCUPATION	Physician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:15 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. R. Woodward

Phys

(Physician or Midwife)

Payette Ida

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 31 1912 J O Woodward

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 8 1944

DECEASED

266-107.04-869

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7732

County of Canyon

City of ~~Nampa~~ Fruitland

Registration District No. 225

File No.

No. ; St.

Primary Registration District No. 2009

Registered No. 109

Hospital

FULL NAME OF CHILD James William Boor

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	Aug 7, 1912

	FATHER	MOTHER
FULL NAME	James H. Boor	Nancy L. Horton
RESIDENCE	~~Whitley Bottom~~ Fruitland Ida.	~~Whitley Bottom~~ Fruitland
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	38
BIRTHPLACE	Missouri	Iowa
OCCUPATION	farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Wm J. Drysdale M.D.

(Physician or Midwife)

Address Fruitland Ida.

Filed SEP 2 1912

J. C. Woodward
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

236-110-014-893

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth

Registration District No. 22

File No. 7733

No. ____, ____ St.

Primary Registration District No. 2009

Registered No. 110

Hospital ____

FULL NAME OF CHILD Orlmer Thomas Sloan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 10, 1912

	FATHER	MOTHER
FULL NAME	Thomas Sloan	Minnie Hill
RESIDENCE	New Plymouth Ida	New Plymouth Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	28 (Years)	23 (Years)
BIRTHPLACE	Nebraska	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Dougdale M.D.

(Physician or Midwife)

Address New Plymouth, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed SEP 3 1912

J.C. Woodward

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 2 1942

319-21110146993

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth

No. ....., ... St.

Hospital .....

Registration District No. 221 File No. 7734

Primary Registration District No. 2009 Registered No. 111

FULL NAME OF CHILD Gladys Carpenter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug 11 1912

FATHER		MOTHER	
FULL NAME	John Carpenter	FULL MAIDEN NAME	Cora Richards
RESIDENCE	New Plymouth Ida	RESIDENCE	New Plymouth Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 6.30 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) Wm J. Goodall M D

..... (Physician or Midwife)

Address New Plymouth Ida

Filed ..... 19.....

J. C. Woodward Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

315-116-014-719

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth

No. ____, ____ St.

Hospital ____

Registration District No. 22

Primary Registration District No. 2009

File No. 7735

Registered No. 112

FULL NAME OF CHILD Carrol Lane

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 16, 1917

FATHER		MOTHER	
FULL NAME	Carl Lane	FULL MAIDEN NAME	Flor Paris
RESIDENCE	New Plymouth Ida.	RESIDENCE	New Plymouth Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Nebraska ~~New Plymouth Ida~~
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or Midwife)

Address New Plymouth Ida.

Given names added from a supplemental report

....., 19....

Registrar

Filed Aug 19 19 J.C. Woodward

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

468-217-014-468

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Nr Plymouth Registration District No. 22 File No. 7736

No. ....., ... St. Primary Registration District No. 2009 Registered No. 113

Hospital .....

FULL NAME OF CHILD Agnes Bridget Doherty

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug 17 1912

FATHER		MOTHER	
FULL NAME	Edward Doherty	FULL MAIDEN NAME	Margaret Doherty
RESIDENCE	Nr Plymouth	RESIDENCE	Nr Plymouth
COLOR	White	AGE AT LAST BIRTHDAY (Years)	45
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Ireland	BIRTHPLACE	Ireland.
OCCUPATION	Sheep-Raiser	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) Wm. J. Dysedale M.D.

(Physician or Midwife)

Address Nr Plymouth Ida.

Filed Aug 9 1912 J. C. Woodward Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

JUN 2 3 1959

APR 5 1960

DECEASED

266-221-01K-4/19

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth Registration District No. 22 File No. 7737

No. ....., ... St. Primary Registration District No. 2009 Registered No. 114

Hospital .....

FULL NAME OF CHILD Dorothy Koontz

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	Aug 21, 1912

FATHER	MOTHER
FULL NAME Geo W. Koontz	FULL MAIDEN NAME Dora Marlar
RESIDENCE New Plymouth Idaho	RESIDENCE New Plymouth R. Fd.
COLOR white AGE AT LAST BIRTHDAY 35 (Years)	COLOR white AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Indiana	BIRTHPLACE missouri
OCCUPATION farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was female (Born alive or stillborn), at 8.25 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale

(Physician or Midwife)

Address New Plymouth Ida

Given names added from a supplemental report

....., 19.*

Filed Sept 3 1912 J.C. Woodward

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

KOONTZ

DUP OF 1912-304347

753-127-014-599

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

7738

PLACE OF BIRTH

County of Canyon

City of New Plymouth

No. ____, ____ St.

Hospital ____

Registration District No. 22 File No. ____

Primary Registration District No. 2009 Registered No. 115

FULL NAME OF CHILD Carrol Arthur Peterson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Aug 27, 1912

FATHER		MOTHER	
FULL NAME	John Peterson	FULL MAIDEN NAME	Emma Erickson
RESIDENCE	New Plymouth Ida	RESIDENCE	New Plymouth Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	56 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 ? M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M. D.

(Physician or Midwife)

Address New Plymouth Ida

Given names added from a supplemental report

....., 19.....

Filed SEP 9 1912 19..... J. C. Woodward

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 29 1974

name added 7-31-72

PLACE OF BIRTH
691-128-1014-794

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

7739

County of Canyon

City of Fruitland Ida.

No. R F D St.

Registration District No. 22 File No.

Primary Registration District No. 2009 Registered No. 116

Hospital

FULL NAME OF CHILD Donald Erwin Frazier

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				Aug 28, 1912

FATHER	MOTHER
FULL NAME Thomas Frazier	FULL MAIDEN NAME Bessie Giddings
RESIDENCE Fruitland R. F. D.	RESIDENCE Fruitland R. F. D.
COLOR white AGE AT LAST BIRTHDAY 27 (Years)	COLOR white AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale M.D.

(Physician or Midwife)

Address Nyssa Plymouth Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed SEP 2 1912 19 J. C. Woodward
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

To whom it may concern:

Baby Frazier born August 28, 1912, in Payette, Idaho, registered as such at Boise, Idaho, is known to be the same Donald Erwin Frazier, son of Thomas H. Frazier and Bessie Jane Frazier (maiden name of Giddings).

His birth witnessed by me, his aunt Lillian Frazier Young now residing at Athena, Oregon and his aunt Florence Frazier Brown residing at Nampha, Idaho.

Sworn before me
June A. Schmidgall
Notary for State of
Oregon

July 27, 1972

my Commission expires
April 9, 1976

Lillian Frazier Young

Lillian Frazier Young

Florence Frazier Brown

Florence Frazier Brown

State of Idaho)
County of Canyon) ss

Subscribed and sworn to before me this 31st day of July, 1972.

G. O. Baltzar

My Commission Expires September 9, 1972

JUL 31 1972

Bible record gives Donald Erwin Frazier born August 28, 1912 at Payette, Idaho to Thomas Henry Frazier and Bessie Jane Giddings. obviously old viewed by VS

Social Security Card ~~#546~~ #564-14-1025 gives name as Donald Erwin Frazier. Issued January 13, 1937. -- viewed by VS

433.425.01X.296

PLACE OF BIRTH

County of Canyon

City of Payette

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 22 File No. 7740

Primary Registration District No. 2008 Registered No. 117

FULL NAME OF CHILD Marion Willard McCoy

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Aug. 25, 1912

FATHER

FULL NAME: Marion Baltzer McCoy

RESIDENCE: Payette, Idaho,

COLOR: White AGE AT LAST BIRTHDAY: XX (Years)

BIRTHPLACE: Kokomo, Ind.

OCCUPATION: Day Laborer

MOTHER

FULL MAIDEN NAME: Lititia Lillian Brown

RESIDENCE: Payette Idaho

COLOR: White AGE AT LAST BIRTHDAY: XO (Years)

BIRTHPLACE: Peru, Iowa

OCCUPATION: House Wife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Aug 25, 1912 at 1.1 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) Howard B. Catron

Physician (Physician or Midwife)

Address Payette Idaho

Filed Sept 3 1912 J.C. Woodward Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 2 6 1969

419-110-014-955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Canyon

City of Emmett

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 22 File No. 7741

Primary Registration District No. 2010 Registered No. 118

FULL NAME OF CHILD Clinton Howard Martin

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	## (To be answered only in event of plural births)		##	yes	8 10 1912

FATHER		MOTHER	
FULL NAME	Clinton H. Martin	FULL MAIDEN NAME	Josie Reed
RESIDENCE	Near Emmett	RESIDENCE	same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 A. M. on the date above stated.

(Signature) B O Clark M.D.

(Physician or Midwife)

Address Emmett Ida

Filed Sept 23 1912 J. C. Woodward Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

JAN 12 1943

133-213-014-249

PLACE OF BIRTH

Form V. S. No. 11—10m-6-26-12.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of

No. , St.

Hospital

Registration District No. 22 File No. 7742

Primary Registration District No. 2010 Registered No. 119

FULL NAME OF CHILD Elva Allen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Girl			yes	8 (Month) — 13 (Day), 1912 (Year)

FATHER		MOTHER	
FULL NAME	Vinson Clyde Allen	FULL MAIDEN NAME	Effie Smith
RESIDENCE	Emmett	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 4th

Number of children of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds M.D. (Physician or Midwife)

Address Emmett Idaho

Given name added from a supplemental report

....., 19.....

Filed 8-15- 1912 J. L. Reynolds Registrar

.....
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 13 1974

[redacted]-005-367

[redacted]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of [redacted]se

City of near Sweet

Registration District No. 22 File No. 7743

No. ____, ____ St.

Primary Registration District No. 20-10 Registered No. 120

Hospital ____

FULL NAME OF CHILD not known to me

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	###### (To be answered only in event of plural births)		###	yes	8 15 191 2

FATHER		MOTHER	
FULL NAME	Chester A. Arthur	FULL MAIDEN NAME	Anna Cupple
RESIDENCE	Boise Co. Ida.	RESIDENCE	[illegible]
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Wash.	BIRTHPLACE	Oreg.
OCCUPATION	Rancher	OCCUPATION	H. W

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8. A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark MD

(Physician or Midwife)

Address Emmett

Given names added from a supplemental report

....., 19.....

Filed Sept 2 1912 19 J. O. Woodward

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child, a SEPARATE RETURN must be made for each and the number in order of birth stated

255-148 [redacted] 614

PLACE OF

County of Co[redacted]n

City of Emmett

No. ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 22 File No. 7744

Primary Registration District No. 2010 Registered No. 121

FULL NAME OF CHILD JAMES FRANKLIN SEVEY

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	8-18-12, 191...

FATHER		MOTHER	
FULL NAME	Charley H Sevey	FULL MAIDEN NAME	Myrtle Wade
RESIDENCE	Ola Idaho	RESIDENCE	Ola Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Farmer.	OCCUPATION	Wife -

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds M.D.
(Physician or Midwife)

Address Emmett Idaho

Given name added from a supplemental report

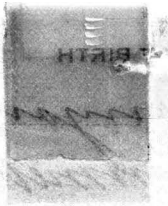
....., 19.....

Filed 9-3- 1912 J. L. Reynolds Registrar

.....
Registrar

S-Y CO., 16669

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA } ss.
County of Shasta }

Certificate No. 7744

Date [redacted] Birth

The undersigned does solemnly swear that certain facts on the certificate of [redacted] (BIRTH OR DEATH)

for unknown (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on August 18, 1912 (DATE OF EVENT)

in Emmett, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	James Frankland Sevey
"	"	James Franklin Sevey

Subscribed and sworn to before me this 21st day of April, 19 42.

Eleanor R. E. Elliott

Notary Public, residing at Redding, Shasta Co.

My commission expires October 6, 1942.

(SEAL)

Signed Myrtle B. Gillis

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Pollock, Shasta County, California

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of Shasta }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of April, 19 42.

Eleanor R Elliott

Notary Public, residing at Redding, Shasta Co.

My commission expires October 6, 1942.

(SEAL)

Signed Leah P. Carlock

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Pollock, Shasta Co., Calif.

(STREET ADDRESS, CITY, STATE)

Received for filing on APR 24 1942 By .....

(REGISTRAR'S SIGNATURE)

APR 29 1942

MAY 1 1942

556-12-4879-292

PLACE OF BIRTH

County of Canyon

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-4

City of _____ Registration District No. 22 File No. 7745

No. _____, _____ St. Primary Registration District No. 2010 Registered No. 122

Hospital _____

FULL NAME OF CHILD George Newman Jr.

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	** (To be answered only in event of plural births)		**	yes	Aug. 24, 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Elmer Newman	FULL MAIDEN NAME: Blanch Bishop
RESIDENCE: Near Emmett Ida	RESIDENCE: same
COLOR: W	AGE AT LAST BIRTHDAY: 25 (Years)
COLOR: W	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Rancher Ida.	BIRTHPLACE: Iowa
OCCUPATION:	OCCUPATION: Hw.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. O. Clark M.D.

(Physician or Midwife)

Address Emmett Ida

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed Sept 2, 1912 R. J. C. Woodward Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 10 1961

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH 133-22-014-162

County of Canyon

City of Emmett

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7746

Registration District No. 22 File No.

No. , St.

Primary Registration District No. 2010 Registered No. 123

Hospital

FULL NAME OF CHILD Bessie Margaret Allen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes	8-28-1912

FATHER		MOTHER	
FULL NAME	Russel Edward Allen	FULL MAIDEN NAME	Christian Jessie Jose
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Neb.	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Wife.

Number of child of this mother, including present birth 9th

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds M.D.

(Physician or Midwife)

Address Emmett Ida

Given name added from a supplemental report

....., 19.....

.....

Registrar

Filed 9-3-1912 J. L. Reynolds Registrar

S-Y CO., 16669

AUG 6 1954

951-230-c

PLACE OF BIRTH

County of Bonn[redacted]

City of Idaho Falls

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—Rev. 1942

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7

Primary Registration District No. 2027

File No. 7747

Registered No. 177

FULL NAME OF CHILD ____

Sex of Child: Female

Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth:

Legitimate? Yes

Date of birth: 7 (Month) 30 (Day) 1912 (Year)

FATHER

FULL NAME: John J Reading

RESIDENCE: Idaho Falls

COLOR: White

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Utah

OCCUPATION: Butcher

MOTHER

FULL MAIDEN NAME: Elizabeth Hobbs

RESIDENCE: Idaho Falls

COLOR: White

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was twins (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Clemens

(Physician or Midwife)

Address Idaho Falls, Idaho.

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Aug 10 1912 [illegible] Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 2 4 1975

547-283-010-369

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

No. ..... St.

Registration District No. 7 File No. 7748

Primary Registration District No. 2027 Registered No. 176

Hospital

FULL NAME OF CHILD Viola Empey

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Girl			yes	July 23 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	James L Empey	FULL MAIDEN NAME	Agness E Leeds
RESIDENCE	Ammon Idaho	RESIDENCE	Ammon Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ammon Idaho	BIRTHPLACE	Wayne Co Utah
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. July 23, at 1 A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah K Rowberry

Obstetrician (Physician or midwife)

Address Ammon Bonneville Co Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 10 1912 [signature] Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of ...)

633.112.010-369

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 7749

Primary Registration District No. 2027 Registered No. 183

FULL NAME OF CHILD OSCAR FRED OTTMANNS

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	[redacted]		yes	Aug 12, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John A. Ottmann	FULL MAIDEN NAME	Margaret Tornaden
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Council Bluffs Iowa	BIRTHPLACE	Council Bluffs, Iowa.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) T. C. Hollister

(Physician ~~or Midwife~~)

Address Idaho Falls, Idaho

Filed 8/19 1912 W. Truman
Registrar

S-Y CO., 16670

JUL 22 1966

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

7749

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Ada Co Farm
Street and House No.
County Boonville

Registered Number 143

Registration District No. 7

Sex of Child Male

Date of Birth, Aug (Month) 12 (Day) 1912 (Year)

Full Name of Father John G Ottmanns

Full Maiden Name of Mother Margaret Tonneten

I HEREBY CERTIFY that the child described herein has been named:

Oscar Fred Ottmanns
(Given name in full) (Surname)

as reported by Father
(Father or Mother)

Boyd Lamond
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

26S-21E-10D-154

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

No. ____, ____ St.

Hospital ____

Registration District No. 7

Primary Registration District No. 2027

File No. 7750

Registered No. 144

FULL NAME OF CHILD INA GRACE SOELBERG

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Aug 14 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jas. C. Soelberg	Helena Andersen
RESIDENCE	Ammon, Ida.	Ammon, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	42
BIRTHPLACE	Allborg, Denmark	Manti, Utah.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth Nine

Number of children, of this mother, now living, including present birth Nine

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~or stillborn~~ at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. C. Hollister

(Physician ~~or Midwife~~)

Address Idaho Falls, Ida

Filed 9/19 1912 T. W. Hammond Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 27B—5M—12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

7750

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Emmett
Street and House No.
County Gem

Registered Number 184

Registration District No. 7

Sex of Child Female

Date of Birth, Aug (Month) 14 (Day) 1912 (Year)

Full Name of Father J C Soltberg

Full Maiden Name of Mother Helma Andersen

I HEREBY CERTIFY that the child described herein has been named:

Lua Grace Soltberg
(Given name in full) (Surname)

as reported by mother
(Father or Mother)

[signature]
(Local Registrar)

IDAHO STATIONERY & PRINTING CO- LTD., BOISE

CHILD'S NAME ADDED PER SROB 7/26/16 PER LO

966-222-010-614

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 7751

Primary Registration District No. 2027 Registered No. 14

FULL NAME OF CHILD Nina Eliza Rowe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Feb 22 1912

FATHER

FULL NAME Leo H. Rowe

RESIDENCE Idaho Falls Ida

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Missoula, Mont.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Minnie Edna Wade

RESIDENCE Idaho Falls Ida

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Idaho

OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Full Term (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. [illegible] Freeman

(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 22 1912 [illegible]

Registrar

8-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

7751

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Idaho Falls

Street and House No.

County Bonneville

Registered Number 146

Registration District No. 7

Sex of Child Female

Date of Birth, Aug. (Month) 22 (Day) 1912 (Year)

Full Name of Father Leslie D. Rose

Full Maiden Name of Mother Minnie Edna Wade

I HEREBY CERTIFY that the child described herein has been named:

Minnie Eliza Rose
(Given name in full) (Surname)

as reported by [illegible]
(Father or Mother)

[illegible]
(Local Registrar)

IDAHO STATIONERY & PRINTING CO- LTD., BOISE

JUN 2 5 1976

466-106-010-154

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Ida Falls Ida

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

7752

Registration District No. 7 File No. .....

Primary Registration District No. 2097 Registered No. 167

FULL NAME OF CHILD ROLAND MOODY

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	6 / 6 / 1912

FATHER	MOTHER
FULL NAME Chas Moody.	FULL MAIDEN NAME Selma Anderson
RESIDENCE Ida Falls Ida.	RESIDENCE Ida Falls. Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Sweden
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive Aug. 6-12, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodergren M.D.
(Physician or midwife)

Address Ida Falls Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 8/24/12 19..... W. W. Jameson Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

Form V. S. ~~No.~~ 27B—~~5M~~-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

7752

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Rockwell

Street and House No.

County Emerald

Registered Number 167

Registration District No. 7

Sex of Child Male

Date of Birth, Aug (Month) 6 (Day) 191- (Year)

Full Name of Father Geo J Moody

Full Maiden Name of Mother Lilla Anderson

I HEREBY CERTIFY that the child described herein has been named:

Roland Fremont Moody
(Given name in full) (Surname)

as reported by Father
(Father or Mother)

J F Mund
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

ADDED READALBE PART OF CHILD'S NAME FROM SROB PER LO 7/26/16 LY

666-212-010-666

PLACE OF BIRTH

County of Bonneville

City of Lincoln

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V. S. No. 11-C—15m-[illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7

File No. 7753

Primary Registration District No. 2027

Registered No. 193

FULL NAME OF CHILD Barbara Woodhouse

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug. 13, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Morgan J. Woodhouse	Nellie J. Woodhouse
RESIDENCE	Lincoln	Lincoln, Idaho
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	56	30
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O'Mellor MD

(Physician or Midwife)

Address Idaho Falls

Given names added from a supplemental report

....., 19.....

Registrar

Filed 9/7 19 12 H. Hammond

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

B-arbare

Virginia

25/-226.010-000

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 7

File No. 7754

No. ____, ____ St.

Primary Registration District No. 2027

Registered No. [illegible]

Hospital ✓

FULL NAME OF CHILD Has no name

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day)
female			yes	Aug. 26

FATHER		MOTHER	
FULL NAME	Ed Beam	FULL MAIDEN NAME	don't know
RESIDENCE	Firth Idaho.	RESIDENCE	Firth Id.
COLOR	white	AGE AT LAST BIRTHDAY (Years)	43
COLOR	white	AGE AT LAST BIRTHDAY	[illegible]
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Idaho Falls Id alive at [illegible] on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Couchard

Physician

(Physician or Midwife)

Address Idaho Falls. Id

Given names added from a supplemental report

....., 19.....

Filed 8/31 19 12 [signature]

Registrar

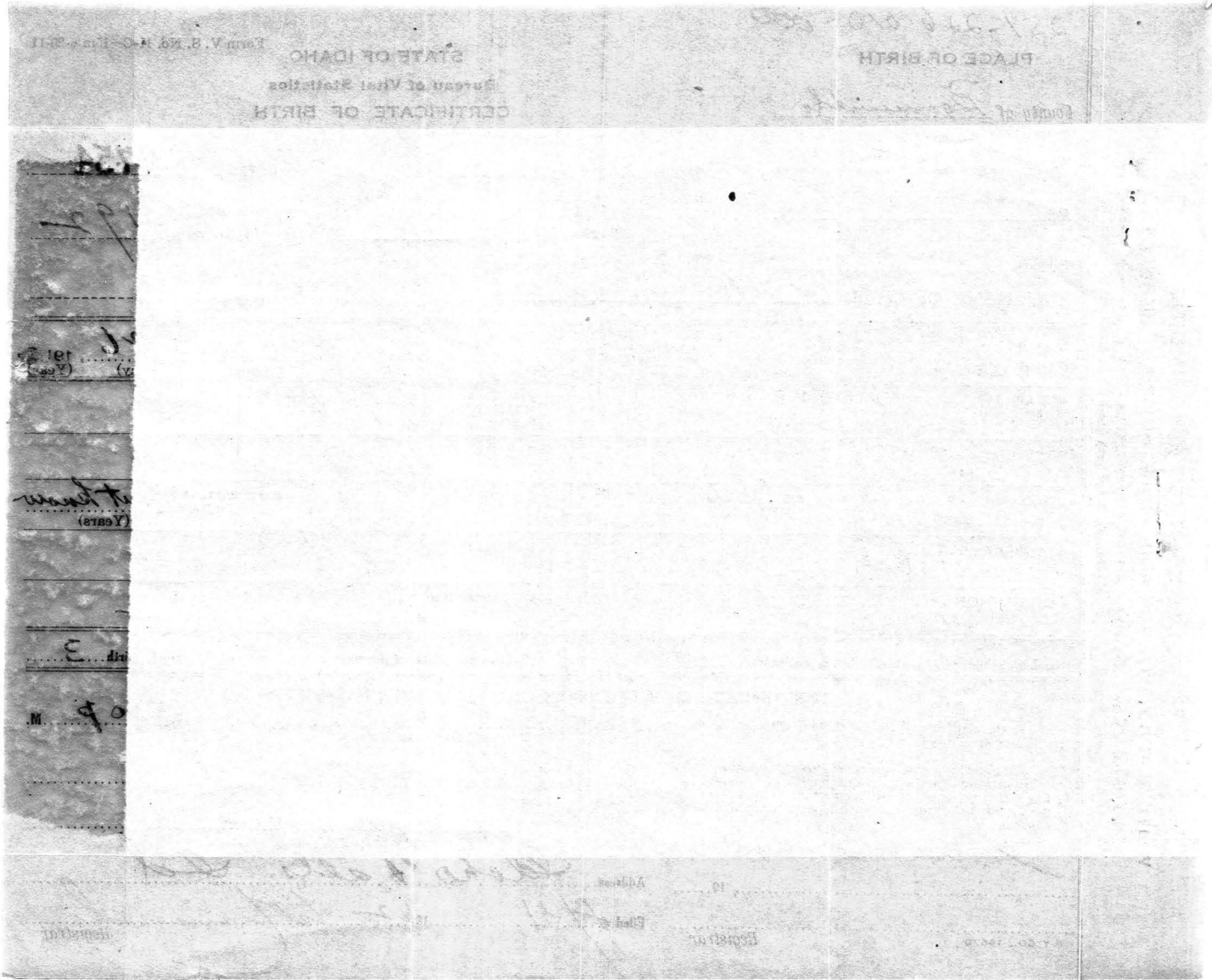
S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



691-119.010-855

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Id

No. ____, ____ St.

Hospital —

Registration District No. 7 File No. 7755

Primary Registration District No. 2697 Registered No. 191

FULL NAME OF CHILD Frederick Henderson Francis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	yes	July 19, 1912

FATHER		MOTHER	
FULL NAME	Fred M. Francis	FULL MAIDEN NAME	Grace M. Henderson
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls Id.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Pocatello Idaho	BIRTHPLACE	Iowa
OCCUPATION	Accountant	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Coulthard

Physician (Physician or Midwife)

Address Idaho Falls.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 6/31 19 12 [illegible] Registrar

S-Y CO., 16670

FEB 25 1974

DECEASED

942-113 010-295

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Dona

No. ..... St.

Hospital .....

Registration District No. 7

Primary Registration District No. 2027

File No. 7756

Registered No. 190

FULL NAME OF CHILD Arvid Leroy Russell

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		yes	Aug 13 1912

FATHER	MOTHER
FULL NAME Charles Henry Russell	FULL MAIDEN NAME Sabrina Berg
RESIDENCE Dona	RESIDENCE Dona
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 44 (Years)	AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE Mountain utah	BIRTHPLACE Schweizerland utah
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Aug 13 at 3 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah L Rowberry

Obstetrician (Physician or midwife)

Address Dona Bonneville Co Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 8/3 1912 W. F. [illegible] Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-19-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

365-116-010-415

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Pleasant view

No. ..... St.

Hospital .....

Registration District No. 7 File No. 7757

Primary Registration District No. 2027 Registered No. 149

FULL NAME OF CHILD Dennis Marvin Lovert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		yes	Aug 16 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Dennis Lovert	Mary Jane Meaurson
RESIDENCE	Pleasant view	Pleasant view
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	25	22
BIRTHPLACE	Cottonwood Utah	Ameredale Utah
OCCUPATION	Le Laborer	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Aug 16 at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rumberg

obstetrician (Physician or midwife)

Address Vera Bonneville Co Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

Filed Sept 27 1912 J. O. Hammond Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 27 1944

343-216-010-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls,

No. ____, ____ St.

Hospital ____

Registration District No. 7 File No. 7758

Primary Registration District No. 2027 Registered No. 176

FULL NAME OF CHILD: Margaret Joy Cutler

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	4 16 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Cutler	Hilda Anderson
RESIDENCE	Idaho Falls, Ida	Idaho Falls, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	28
BIRTHPLACE	Illinois	Illinois
OCCUPATION	Barber	Housewife.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4:9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Chas. Cline

Physician.

(Physician or Midwife)

Address Idaho Falls, Idaho.

Filed Aug. 10 1917 J. Thomas Registrar

S-Y CO., 16670

AUG 7 1970

258-215-010654

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls, Ida

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 7759

Primary Registration District No. 2027 Registered No. 175

FULL NAME OF CHILD Florence Ethelyn Snyder.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	7 15 1911

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William S Snyder	Jane Wedge
RESIDENCE	Idaho Falls, Ida	Idaho Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	30
BIRTHPLACE	Ohio	Missouri
OCCUPATION	Painter	Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 Noon M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Clem, Physician

(Physician or Midwife)

Address Idaho Falls, Ida.

Given names added from a supplemental report

....., 19.....

Filed Aug 10 1911 M. Hansen Registrar

.....
Registrar

S-Y CO., 16670

JUL 1 1 1974

669-21-010-62

PLACE OF BIRTH

Form V. S. No. 11-O—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of _____

No. _____ St.

Hospital _____

Registration District No. 7

Primary Registration District No. 2032

File No. 7760

Registered No. 179

FULL NAME OF CHILD Mable Workman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 14 1912

FATHER	MOTHER
FULL NAME: Cornelius Workman	FULL MAIDEN NAME: x Mary Joseph
RESIDENCE: Bonneville County	RESIDENCE: Bonneville County.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: x Kansas Witchtaw
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) x Mrs L E Wheeler

Midwife
(Physician or midwife)

Address Lenore Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed July 31 19 12 [signature] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-208-010-212

PLACE OF BIRTH

County of Bonneville

City of Poplar

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 7

File No. 7761

Primary Registration District No. 2032

Registered No. 184

FULL NAME OF CHILD Thelma Jane Buck

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female			Yes	Aug. (Month) 8 (Day) 191.7 (Year)

FATHER		MOTHER	
FULL NAME	Orville Buck	FULL MAIDEN NAME	Mary Bassett
RESIDENCE	Poplar Ida.	RESIDENCE	Poplar Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive ~~or stillborn~~) at 4:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or ~~Midwife~~)

Address Rigby, Ida.

Given name added from a supplemental report

....., 19.....

Filed 8/20 1917

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 8 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

169-207-010-284

PLACE OF BIRTH

County of Bonneville

City of Milo

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9 7

Primary Registration District No. ~~20~~ 2029

File No. 7762

Registered No. 147

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug 7, 1912

FATHER		MOTHER	
FULL NAME	Arthur Jordan	FULL MAIDEN NAME	Cora Guiver
RESIDENCE	Milo, Ida	RESIDENCE	Milo, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ogden, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive ~~or stillborn~~) on the date above stated, at 2.15 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Robinson

(Physician ~~or Midwife~~)

Address Rigby, Idaho

Given name added from a supplemental report

____, 19____

____ Registrar

Filed 8/21 19 12 T. F. Fuson Registrar

S-Y CO., 16669

DUP OF 1912 D 53-767

962-109-010435

Form V. S. No. II-C-Obst-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 7 File No. 7763

Primary Registration District No. 2029 Registered No. 142

FULL NAME OF CHILD Gilbert Lynn Robinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug. 9 1912

FATHER	MOTHER
FULL NAME: Amos G Robinson	FULL MAIDEN NAME: Margret A. Alexander
RESIDENCE: Ucon	RESIDENCE: Ucon
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 58 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Tennessee
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5:45 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

(Signature) Josephine Thompson

~~(Physician or~~ midwife)

Address Ucon Bonneville Co Idaho

Filed 8/14/12 19.....

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1968

335·108·00-753

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Milo

No. ..... St.

Hospital .....

Registration District No. 7 File No. 7764

Primary Registration District No. 8022 Registered No. 141

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	Aug (Month) 8 (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Wm. Benjamin Cleverly	Sucfrona Petersen
RESIDENCE	Milo	Milo
COLOR	white	White
AGE AT LAST BIRTHDAY	29 (Years)	23 (Years)
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	H wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. [illegible] Woolley

(Physician or midwife)

Address Moore Bonneville Co Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 8/14 1912 [illegible] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. II-C—Rev-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

753-203-40-313

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville Co

City of Milo

Registration District No. 7 File No. 7765

No. ..... St.

Primary Registration District No. 2029 Registered No. 160

Hospital .....

FULL NAME OF CHILD Leona Evelyn Petersen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug. 3 1912

	FATHER	MOTHER
FULL NAME	Joseph H Petersen	FULL MAIDEN NAME Leah Evelyn Tolly
RESIDENCE	Milo	Milo
COLOR	White	White
AGE AT LAST BIRTHDAY	30 (Years)	26 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	H Wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 5:25 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

(~~Physician~~ or midwife)

Address Ucon Bonneville Idaho

Given names added from a supplemental report

..... 19.....

Filed 4/14 1912 H. Summard

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 8 1989

133-118-01 K 153

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-[illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 7767

No. ____, ____ St.

Primary Registration District No. 2005

Registered No. 202

Hospital No

FULL NAME OF CHILD William Robert Alling

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one	and	yes	7-18, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. C. Alling	Edna Antram
RESIDENCE	Caldwell	Caldwell
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	24
BIRTHPLACE	S. D.	Nebr.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive alive, at 7 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Sneller

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

July 25, 1912

J. P. Meyer M.D. Registrar

Filed July 20, 1912 Dr. R. C. Bull Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

768-120 : 014-964

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7768

County of Canyon

City of Caldwell

Registration District No. 3 File No.

No. —, — St.

Primary Registration District No. 1506 Registered No. 200

Hospital Yes

FULL NAME OF CHILD Thomas Golightly JAY

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	March 20th 1912

FATHER		MOTHER	
FULL NAME	Thos. Golightly	FULL MAIDEN NAME	Emely Rodgers
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ill	BIRTHPLACE	Ky
OCCUPATION	Pastor	OCCUPATION	House wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) ....., at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed May 20 19 12 W. H. Bull

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Tennessee } ss. JAN 20 1942
County of Rutherford }

Certificate No. 7768
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Thomas Jay Golightly (Name on original certificate) who born (Was born or died) on March 20, 1912 (Date of event)
in Caldwell, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Date of birth	March 23, 1912	March 20, 1912
Name	Thomas Golightly, Jr.	Thomas Jay Golightly

Subscribed and sworn to before me this 8 day of January, 1942

Notary Public, residing at Murfreesboro Tenn

My commission expires Oct. 22, 1944.

[SEAL]

Signed Thomas J. Golightly
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Kentucky } ss.
County of Marion }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 15th day of Jan, 1942

Notary Public, residing at Lebanon, Ky.

My commission expires Jan 30, 1943

[SEAL]

X Signed Mrs. Helen G. Rogers,
(Signature of any credible person other than the previous affiant.)

Lebanon, Ky.
(Street Address, City, State)

Received for filing on JAN 20 1942 By
(Registrar's signature)

JUN 9 1943

SEP 21 1954

312-102.01K-849

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ____ St.

Hospital ____

Registration District No. 3

Primary Registration District No. 1006

File No. 7769

Registered No. 196

FULL NAME OF CHILD Douglas Edward Lakin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male			Yes	June (Month) 2 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Edward Thomas Lakin	FULL MAIDEN NAME Ethel Beulah Zuick
RESIDENCE Caldwell	RESIDENCE Caldwell
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Wichita Kansas	BIRTHPLACE Cuming Iowa
OCCUPATION School Teacher	OCCUPATION Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth First

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dora G. Heymouth

(Physician or midwife)

Address # 117 Tenth Ave. Caldwell

Given names added from a supplemental report

....., 19.....

Filed June 8 1912 R C Bull

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 4 1950

918-15-014-613

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ____, ____ St.

Hospital 4 2s

Registration District No. 3 File No. 7770

Primary Registration District No. 1076 Registered No. 197

FULL NAME OF CHILD Herbert Wallace Hayman

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
male	—	—	4s	May 15th, 1912

FATHER		MOTHER	
FULL NAME	Herbert H Hayman	FULL MAIDEN NAME	Corinne Wallace
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ohio
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. L J Miller (mw)

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed May 20 19 12 R C Buell Registrar

S-Y CO., 16670

3/8/41 Z.J.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon

JAN 25 [illegible]

Certificate No. 7770

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Wallace Herbert Hayman (Name on original certificate) who was born (Was born or died) on May 15, 1912 (Date of event)
in Caldwell, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by knowledge of parents (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Birth date	May 14, 1912	May 15, 1912
Mother's name	Corrine Wallace	Corinne Wallace

Subscribed and sworn to before me this 24th
day of January, 1942.
[illegible]
Notary Public, residing at Caldwell
My commission expires July 1 1945.
[SEAL]

Signed Corinne Wallace Hayman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1910 Dearborn Street Caldwell Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th
day of January, 1942.
[illegible]
Notary Public, residing at Caldwell
My commission expires July 1 1945
[SEAL]

Signed Herbert H. Hayman
(Signature of any credible person other than the previous affiant.)
1910 Dearborn St. Caldwell Idaho
(Street Address, City, State)

Received for filing on JAN 25 [illegible] By
(Registrar's signature)

5 1942

623 102 104 454

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7771

County of Canyon

City of Notus

Registration District No. ..... File No. .....

No. ....., ... St.

Primary Registration District No. 12 7 Registered No. 195.

Hospital .....

FULL NAME OF CHILD James Kenneth ~~Osborn~~ OSBURN

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	June 2, 1912

	FATHER	MOTHER
FULL NAME	Jas Wm ~~Osborn~~ OSBURN	FULL MAIDEN NAME Pansy V Dement
RESIDENCE	Notus Ida	RESIDENCE Notus Ida
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Evansville Ind	BIRTHPLACE Caldwell Ida
OCCUPATION	Blacksmith	OCCUPATION Housekeeper

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Perry

Physician

(Physician or Midwife)

Address Notus Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed January 10, 1913 R C Bell

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Oregon } ss.
County of Umatilla }

Certificate No. #7771
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of James Kenneth Osburn (Birth or death)
for James Kenneth Osborn (Name on original certificate) who was born (Was born or died) on June 2, 1912, (Date of event)
in Caldwell, Idaho, (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on date of birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
James Name	James Kenneth Osborn	James Kenneth Osburn

Subscribed and sworn to before me this 24th day
day of April, 19 43.
Homer J. Watts
Notary Public, residing at Athena, Oregon
My commission expires June 5, 1944.
[SEAL]

Signed Pansie Ross, mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Rt. 2, Weston, Oregon
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of } ss.
County of }

No other relative, now living, was present at the birth.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant)
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

OCT 7 1958

795-230101-6219

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No ....., ... St.

Registration District No ..... File No. 7772

Primary Registration District No. 2506 Registered No. 192

Hospital .....

FULL NAME OF CHILD (Not yet named) Pearce Rowena Bertha

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	No		2	Yes	March 30 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Victor A Pearce	FULL MAIDEN NAME	Maud Barnes
RESIDENCE	Near Nampa Ida	RESIDENCE	Near Nampa Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) at 10 PM on the date above stated.

Taken at the request of Mother on Eclampsia

(Signature) F. D. Calaway MD

(Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

July 23, 1912

Address .....

J. J. Meyer MD Dep. Registrar

Filed March 21 1912 R C Rudd Registrar

SYMS - YORK CO., PTG. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 2 3 1974

445 · 115 · 01 F 513

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF [redacted]

CERTIFICATE OF [redacted]TH

County of Canyon

City of Nampa

Registration District No. 3

File No. 7773

No. ____, ____ St.

Primary Registration District No. 1006

Registered No. 187

Hospital ____

FULL NAME OF CHILD James Oscar Dunning

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	1	yes	4, 15, 191[illegible]

FATHER		MOTHER	
FULL NAME	Oscar C Dunning	FULL MAIDEN NAME	Ella M Caton
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Neb.	COLOR	White
OCCUPATION	Carpenter	AGE AT LAST BIRTHDAY (Years)	30
		BIRTHPLACE	Neb.
		OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Beller M.D.

Physician (Physician or Midwife)

Address Nampa Ida

Given names added from a supplemental report

....., 19.....

Filed 4/22 1912 O B Beller M.D.

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

958-230014-855

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7774

County of Canyon

City of Nampa Registration District No. 3 File No.

No. 107, 17 Ave So. Primary Registration District No. 1006 Registered No. 180

Hospital

FULL NAME OF CHILD Florrie Hester Reynolds

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 30, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thos Edwin Reynolds	Susie Henry
RESIDENCE	Nampa	Nampa
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	27
BIRTHPLACE	Kentucky	Missouri
OCCUPATION	Watchman	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H P Ross

Physician

(Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

July 25, 1912

J. S. Meyer MD Registrar

Filed June 10, 1912 R. C. Bull Registrar

Dep

S-Y CO., 16679

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1 copy issued 11/13/40 L.B.

249-204-016-367

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ....., ... St.

Hospital .....

Registration District No. 3 File No. 7775

Primary Registration District No. 1005 Registered No. 181

FULL NAME OF CHILD Clair Elizabeth Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	July 4 191 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	F. P. Smith	Dora E. Cox
RESIDENCE	Caldwell	Caldwell
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	51	24
BIRTHPLACE	Iowa	Neb
OCCUPATION	Osteopath	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. Smith D.O.

Dat

(Physician or Midwife)

Address Caldwell, Idaho

Given name added from a supplemental report

....., 19.....

Filed August 6, 1912 R. C. Bull

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 2 1942

415.125.014456

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 12 Ave So.

Registration District No. 3

File No. 7776

Primary Registration District No. 1006

Registered No. 179.

Hospital ——

FULL NAME OF CHILD Robert Allen Davis 3rd

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	——	——	Yes	May 25, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert A Davis 2nd	Marie S. Dewey
RESIDENCE	Nampa Ida	Nampa
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	20
BIRTHPLACE	Ohio	Silver City Ida
OCCUPATION	Capitalist	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H P Ross

Physician

(Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19.....

Filed June 7 1912 R. C. Bulk

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 22 1941

12-2-41

313-202-014-366

PLACE OF BIRTH

Form V. S. No. 11-C—10m-6-26-11

STATE OF IDAHO
Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 3 File No. 7777

No. 2 mi. North of Nampa St.

Primary Registration District No. 1006 Registered No. 177

Hospital ×

FULL NAME OF CHILD Charlotte Bernice Caldwell

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
girl	×	×	yes	May 2 (Month), (Day), 1912 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alva E. Caldwell	Mable E Emery
RESIDENCE	Nampa Idaho	Nampa Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	20
BIRTHPLACE	Kansas	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Murray

Physician (Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19.....

Filed June 10 1912 R. C. Bull

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

762-1171014493

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No 523, 6th Ave S.

Hospital X

Registration District No. 3 File No. 7778

Primary Registration District No. 1006 Registered No. 175

FULL NAME OF CHILD George Howard Governor

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Boy	X (To be answered only in event of plural births)		X	Yes	May 17 (Month), (Day), 1912 (Year)

FATHER		MOTHER	
FULL NAME	George Governor	FULL MAIDEN NAME	Sarah Dillman
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mo.	BIRTHPLACE	Minn.
OCCUPATION	City Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos Murray

Physician (Physician or Midwife)

Address Nampa, Idaho

Given names added from a supplemental report

July 25, 1912

J S Meyer M D Dep. Registrar

Filed June 12 1912 R. C. Bull Registrar

S-Y CO., 166710

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—Rev.-6-41

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

766-68-014-296

PLACE OF BIRTH

County of Canyon.

City of Nampa

No. 406-9 Ave. N. St.

Hospital

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 7779

Primary Registration District No. 1066 Registered No. 171

FULL NAME OF CHILD Elden Richard Powell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	April 8th 1912

FATHER		MOTHER	
FULL NAME	Richard P. Powell	FULL MAIDEN NAME	Edna Ethel Browning
RESIDENCE	Nampa, Idaho.	RESIDENCE	Nampa Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Pageville Kentucky	COLOR	White
OCCUPATION	Teamster	AGE AT LAST BIRTHDAY (Years)	27
		BIRTHPLACE	Muscatine Iowa
		OCCUPATION	House-wife

Number of child of this mother, including present birth Second

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Ross

Physician

(Physician or Midwife)

Address Nampa Ida

Given names added from a supplemental report

....., 19.....

Filed June 12 1912 H. C. Bull

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

993-208-01K-306

PLACE OF BIRTH

Form V. S. No. 11 6-11m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 52 N. 17 Ave E. St.

Registration District No. 3. File No. 7780

Primary Registration District No. 1036. Registered No. 172.

Hospital

FULL NAME OF CHILD Mildred Elizabeth Richards

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—		—	Yes	May 8 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm F. Richards	Bernice E. Lowes
RESIDENCE	Nampa Ida	Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	26
BIRTHPLACE	Monongahela, Pa	Mich —
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. P. Ross

Physician
(Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed June 1 1912 R. C. Bull
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-c

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

JUL 2 1942

243-22-01-16-556

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. Nampa Hospital St.

Hospital Nampa Hospital

Registration District No. 3

File No. 7781

Primary Registration District No. 1006

Registered No. 173.

FULL NAME OF CHILD Roberta Marie Butler

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	May 24, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Butler	FULL MAIDEN NAME	Maudie L New.
RESIDENCE	Ontario Oregon	RESIDENCE	Ontario Oregon
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Murray

Physician (Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed June 12, 1912 R. C. Bull
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 5 1969

345-202-014-617

PLACE OF BIRTH

County of Canyon

City of Parma

No. ____ St.

Hospital Home

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 3 File No. 7782

Primary Registration District No. 2007 Registered No. 166

FULL NAME OF CHILD Elva Hazel Imming

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	Yes	6 7 1912

FATHER		MOTHER	
FULL NAME	James Imming	FULL MAIDEN NAME	Julia Wagner
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Virginia	BIRTHPLACE	Illinois
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Clegg M.D.

(Physician or Midwife)

Address Parma, Idaho

Given name added from a supplemental report

July 25 1912

J. S. Meyer M.D. Registrar

Filed 6/2 1912 R. J. Clegg Registrar

S-Y CO., 16668

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 2 1 1968

DECEASED

645.105.014.255

PLACE OF BIRTH

County of Canyon

City of Parma

No. ____ St.

Hospital Home

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 3

File No. 7783

Primary Registration District No. 2507

Registered No. 167

FULL NAME OF CHILD Daniel Lee Odekirk

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Yes	6 5 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C. D. Odekirk	Ora Benjaman
RESIDENCE	Parma	Parma
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	28	25
BIRTHPLACE	Mich.	Ill.
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Olsen

M. D. (Physician or Midwife)

Address Parma Ida

Given name added from a supplemental report

July 22, 1912

J. S. Meyer M.D. Dep. Registrar

Filed 6/5 1912 J. Olsen Registrar

S-Y CO., 16666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 2[illegible] 1941

766-21-0148 93

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3

File No. 7784

No. ____, ____ St.

Primary Registration District No. 2007

Registered No. 168.

Hospital Home

FULL NAME OF CHILD Ruby Virginia Powers

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	—	Yes	5 17 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. A. Powers	Mary Buckman
RESIDENCE	Parma	Parma
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	48	41
BIRTHPLACE	Oregon	Mo.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Powers

Jacker (Physician or Midwife)

Address Parma Ida

Given name added from a supplemental report

..... 19.....

..... Registrar

Filed 6/1 19 12 M. K. Glenn Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

AUG 7 1944

994-219.014-258

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

7785

County of Canyon

City of Parma

Registration District No. 3 File No.

No. — St.

Primary Registration District No. 2557 Registered No. 165

Hospital —

FULL NAME OF CHILD Martha Anna Zimmerli

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fem.	—	—	yes	June 19 1912

FATHER		MOTHER	
FULL NAME	Fred Zimmerli	FULL MAIDEN NAME	Bessie Snyder
RESIDENCE	Weiser	RESIDENCE	~~Weiser~~ Parma
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Missouri	BIRTHPLACE	Nebraska
OCCUPATION	Barber	OCCUPATION	housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. A. Allen, M.D.

(Physician or midwife)

Address Parma, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 6/28 1912 [illegible]

Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249.203.014-895

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Notus

No. ____, ____ St.

Hospital No.

Registration District No. 3 File No. 7786

Primary Registration District No. 2005 Registered No. 163

FULL NAME OF CHILD Myra Mae Kurtz

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One		Yes	July 3 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C. L. ~~Curtis~~ Kurtz	Fannie Hindman
RESIDENCE	Notus	Notus
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	32
BIRTHPLACE	W. V.	Baker, Oregon
OCCUPATION	Druggist	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Miller

(Physician or Midwife)

Given names added from a supplemental report

July 19 12 Address Caldwell Idaho

J. S. Meyer M.D. Dept. Registrar Filed July 31 1912 R. C. Bull Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

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PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7787

County of Canyon

City of Parma

No. R. 7 at, St.

Registration District No. 3 File No. 4

Primary Registration District No. 7887 Registered No. 126

Hospital

FULL NAME OF CHILD Edna Aileine Shumate

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 12, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. M. Shumate	Nora Peck
RESIDENCE	Parma	Parma
COLOR / AGE AT LAST BIRTHDAY	White / 41 (Years)	White / 31 (Years)
BIRTHPLACE	Mo.	Iowa
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth VI. Number of children, of this mother, now living, including present birth VI

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Coll

(Physician or Midwife)

Given names added from a supplemental report

July 26, 1912 Address

Filed July 30 1912

J. S. Meyer MD Registrar

Dep

Registrar

5-Y CO., 16670

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

466-107-01K-219

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7788

County of Canyon

City of Nampa

Registration District No. 3 File No. 4

No. 1st St.

Primary Registration District No. 1006 Registered No. 157

Hospital ×

FULL NAME OF CHILD Thomas Spencer Moffatt Jr.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	× (To be answered only in event of plural births)	×	yes	April 7, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Spencer Moffatt	Inez J. Bartlett
RESIDENCE	Nampa Idaho	Nampa Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	26
BIRTHPLACE	Iowa	Missouri
OCCUPATION	R.R. Train man	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 00 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Murray

Physician

(Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed July 19, 1912 R. C. Bull
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued Jan. 21, 1941. E.W.

DEC 10 19

JAN 18 1971

313-124-014-369

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7789

County of Canyon

City of Nampa — Registration District No. 3 — File No.

No. 2 mi South Nampa — Primary Registration District No. 1006 — Registered No. 158

Hospital ×

FULL NAME OF CHILD ~~Napoleon Mox~~ (Lalonde) Max Napolion

Sex of Child	Twin, Triplet, or other? × and Number in order of birth × (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		yes	April 24, 1912

FATHER		MOTHER	
FULL NAME	Max A Lalonde	FULL MAIDEN NAME	Angelina Lorrain
RESIDENCE	2 mi South Nampa	RESIDENCE	2 mi South Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician (Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed July 19 1912 R. C. Bull
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912-313238

819-130-014-168

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 1201 12th Ave So.

Registration District No. 3 File No. 7790

Primary Registration District No. 1006 Registered No. 159.

Hospital x

FULL NAME OF CHILD x William Kenneth Harris

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	x	x	yes	April 30, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. C. Harris	Ino B Johnson
RESIDENCE	Nampa Idaho	Nampa Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	24
BIRTHPLACE	Kentucky	Iowa
OCCUPATION	Barber	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician

(Physician or Midwife)

Given names added from a supplemental report

July 20 1912 Address

J. S. Mayer M.D. Registrar

Filed June 20 1912 R. C. Bull Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 22 1966

FEB 25 1942

692-129-01X-619

PLACE OF BIRTH

County of Chaves

City of Roswell Prec.

No. ..... St.

Hospital .....

STATE OF [illegible]
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C Rev. 2-15-12

Registration District No. 3 File No. 7792

Primary Registration District No. 2007 Registered No. 242

FULL NAME OF CHILD Millard Leslie Wisbey

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	July 29 1912

FATHER	MOTHER
FULL NAME Scott Wisbey	FULL MAIDEN NAME Gladys Farley
RESIDENCE Roswell	RESIDENCE Roswell
COLOR white	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE N. Dakota	BIRTHPLACE Minnesota
OCCUPATION farmer	OCCUPATION housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Address Parma, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 8/7 1912 R. J. Cleven Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 2 2 1942

168-130-014-493

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

County of Canyon

City of Roswell Rec. Registration District No. 3 File No. 7793

No. ____ St. Primary Registration District No. 2007 Registered No. 243

Hospital ____

FULL NAME OF CHILD JESSE DONALD JOHN

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	—	yes	July 30 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur L. John	FULL MAIDEN NAME	Myrtle Dickerson
RESIDENCE	Roswell	RESIDENCE	Roswell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Missouri	BIRTHPLACE	Illinois
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M. D.

(Physician or midwife)

Address Parma, Ida.

Given names added from a supplemental report

....., 19.....

Filed 8/10 1912 T. J. Lemon
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 13 1942

763-210 01K-466

PLACE OF BIRTH

Form V. S. No. 11 C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7794

County of Canyon

City of Caldwell Registration District No. 3 File No.

No. ....., ... St. Primary Registration District No. 1005 Registered No. 205

Hospital No

FULL NAME OF CHILD LILLIAN VIRGINIA GOTT

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	one		yes	Aug 16 1912

FATHER		MOTHER	
FULL NAME	J. D. Gott	FULL MAIDEN NAME	Lora Moore
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Idaho
OCCUPATION	Lot Collector	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 5 9 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Miller

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug 13 1912 John S. Meyers Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 7794

Date Filed MAY 3 1943

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Lillian Virginia Gott

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10
day of May, 1943.

Signed George A. Bissell
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

~~Notary Public~~, residing at Jerome Idaho.

My commission expires 1-6-45
(SEAL)

(STREET ADDRESS, CITY, STATE) Jerome

William E. Comstock
Probate Judge & Ex-Officio Clerk

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

Lola

MAY 14 1943

OCT 16 1967

863-203-014-569

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 1,1111 St.

Hospital 11111111

Registration District No. 3

File No. 7795

Primary Registration District No. 2005

Registered No. 231

FULL NAME OF CHILD Alta Marie Holgate

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	4	Yes	8/3/12, 191

FATHER	MOTHER
FULL NAME: Holgate, Frank	FULL MAIDEN NAME: Northram, Lulu.
RESIDENCE: Caldwell, Ida.	RESIDENCE: Caldwell, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: St. Paul Minn.	BIRTHPLACE: Bacon Iowa.
OCCUPATION: Farmer.	OCCUPATION: House Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4, P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. C. Johnson

Physician. (Physician or Midwife)

Address Caldwell - Ida

Given names added from a supplemental report

....., 19.....

Filed Aug 8 1912 J. H. Meyer M.D. By Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 2 1943

445-120-01-866

PLACE OF BIRTH

County of Canyon

City of Near Nampa

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 1013 File No. 7796

Primary Registration District No. 1006 Registered No. 223

FULL NAME OF CHILD ~~Dunval~~, Wm Hardin

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	no (To be answered only in event of plural births)	3	yes	6/20 191 7

FATHER	MOTHER
FULL NAME Hardin T. Dunval	FULL MAIDEN NAME Ella H. Hoover
RESIDENCE near Nampa Ida	RESIDENCE near Nampa, Ida.
COLOR White AGE AT LAST BIRTHDAY 57 (Years)	COLOR White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE W. Va	BIRTHPLACE Ia.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. Calonge M.D.

Phys.

(Physician or Midwife)

Address Nampa

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Aug 3 1917 [illegible]
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 27 1966

617-208-014-389

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Near Nampa

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 7797

Primary Registration District No. 2006 Registered No. 224

FULL NAME OF CHILD Esther Wagner

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	no	6	Yes	6/8/12

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Jacob Wagner	Katherine Thiel
RESIDENCE	near Nampa, Ida.	near Nampa, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	43
BIRTHPLACE	Russia	Russia
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Calquoun M.D.

(Physician or Midwife)

Address Nampa Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 3, 1912 D. B. Beller M.D.

Registrar

S-Y CO., 16670

AUG 7 1973

719-115-014-699

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1003 File No. 7798

Primary Registration District No. 2006 Registered No. 225

FULL NAME OF CHILD Howard Glen Parratt

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
Male	Not	6	Yes	7 (Month) 15 (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jas. D. Parratt	FULL MAIDEN NAME	Edna Wright
RESIDENCE	Near Nampa Ida	RESIDENCE	Near Nampa, Ida.
COLOR	White	AGE AT LAST BIRTHDAY	40 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Calonge, M.D.

Phy. (Physician or Midwife)

Address Nampa Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 3 1912 O. B. Bellew M.D. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 23 1974

796-113-01412

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Near Nampa

Registration District No. 1003 File No. 7799

No. ____, ____ St.

Primary Registration District No. 2006 Registered No. 226

Hospital ____

FULL NAME OF CHILD ____ Prava

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	No (To be answered only in event of plural births)	2	Yes	7 / 3 / 191-

FATHER	MOTHER
FULL NAME: Frank Prava	FULL MAIDEN NAME: Asselin
RESIDENCE: near Nampa Ida	RESIDENCE: near Nampa, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Canada	BIRTHPLACE: Canada.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S D Calanza M.D.

Phys.

(Physician or Midwife)

Address Nampa Ida

Given names added from a supplemental report

....., 19.....

Filed Aug 3 19 12 O B Miller M.D.

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP. OF 12-333051

261-201-014613

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 7800

Primary Registration District No. 1906 Registered No. 211

FULL NAME OF CHILD Margaret W. Swanson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	—	—	Yes	Aug 1 1912

FATHER		MOTHER	
FULL NAME	Charles A Swanson	FULL MAIDEN NAME	Grace M Watkins
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ill
OCCUPATION	Surveyor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 a. M. on the date above stated.

(Signature) O B Beller MD

Phys. (Physician or Midwife)

Address Nampa Ida

Aug 1 19 12

O B Beller MD Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

19 ____

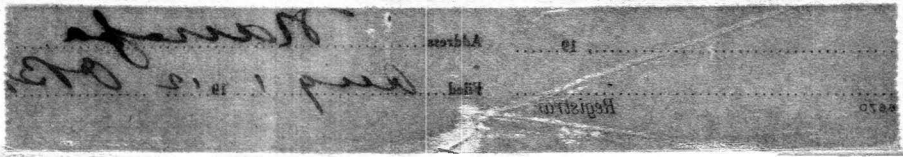
S-Y CO., 1911

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 30 1943



793-29-014-238

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Registration District No. 1083 File No. 7801

Primary Registration District No. 1006 Registered No. 212

Hospital .....

FULL NAME OF CHILD Albert Calvin Gilleaby

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	6 29 1920

FATHER		MOTHER	
FULL NAME	Alvin Gilleaby	FULL MAIDEN NAME	Orpha Schindler
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Borne (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Bellew M.D.

F. Zyp (Physician or Midwife)

Address Nampa Ida

Given names added from a supplemental report

....., 19.....

Filed Aug 1 1920 O. B. Bellew M.D.

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

MARGIN READY FOR BINDING
WHITE PLAINLY WITH UNFADING

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. # 7801
Date Filed Aug 1, 1912

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for No name (Name on original certificate) who born (Was born or died) on June 29 1912 (Date of event)
in Nampa Idaho (Place of event) ~~are erroneous~~ or were omitted; and that, to the best of his knowledge, the
true facts as shown by mother (Bible record, insurance policy, etc.) prepared on Sept 23 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Unnamed	Unnamed	Albert Clair Gillesby

Subscribed and sworn to before me this 23rd
day of Sept, 1941
Agnes Dunn
Notary Public, residing at Boise
My commission expires May 8, 1945
[SEAL]

Signed Mrs Chas. Nanney
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
#255 Cedros Van Nuys California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd
day of September, 1941
Agnes Dunn
Notary Public, residing at Boise
My commission expires May 8, 1945
[SEAL]

Signed Mrs B. E. Gillesby
(Signature of any credible person other than the previous affiant.)
624 17th Avenue So., Nampa, Idaho
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

MAY 1 0 1974

417215-014-855

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-[illegible]-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 1003

File No. 7802

No. Cor 16th Ave & 2nd St. North

Primary Registration District No. 1006

Registered No. 213

Hospital x

FULL NAME OF CHILD x Eledice Flora Maxwell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl	x	x	yes	July 15, 191[illegible]

FATHER		MOTHER	
FULL NAME	L R Maxwell	FULL MAIDEN NAME	Hazelle Henry
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 30a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Murray

Physician (Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 1 191[illegible] O. B. Belles M.D.

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

792-120-014-314

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 3 File No. 7803

Primary Registration District No. 7007 Registered No. 204

FULL NAME OF CHILD Harry R. Pishl

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Yes	7, 20, 1912

FATHER		MOTHER	
FULL NAME	Louis Pishl	FULL MAIDEN NAME	Annie Cada
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Bohemia	BIRTHPLACE	Bohemia
OCCUPATION	Ranching	OCCUPATION	Housework

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Premature (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

(Signature) R. J. Lewis

M. D.
(Physician or Midwife)

Address Parma Ida

Filed 7/20 1912 R. J. Lewis
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 2 6 1974

619-223-1014285

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 3 File No. 7804

Primary Registration District No. 2007 Registered No. 205

FULL NAME OF CHILD Edna Ruth Wade

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	7 23 1912

FATHER		MOTHER	
FULL NAME	J. R. Ware	FULL MAIDEN NAME	Molly Shelton
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Ranching	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

(Signature) P. J. Lewis M.D.

(Physician or Midwife)

Address Parma, Idaho

Filed 7/23 1912 P. J. Lewis Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 1 4 1973

789-203-04-944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Middleton

No. —, — St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 3

File No. 7805

Primary Registration District No. 2005

Registered No. 206

FULL NAME OF CHILD Erma Dorothy Phillips

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female	—	2nd	yes	July 3, 1912 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James L Phillips	Alma Gunnemann
RESIDENCE	Middleton	Middleton Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Idaho	Missouri
OCCUPATION	Rancher	House wife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 P. M. on the date above stated.

(Signature) J. W. Lamer M.D.

(Physician or Midwife)

Address

Filed Aug 1 1912 J. S. Meyer M.D. Registrar

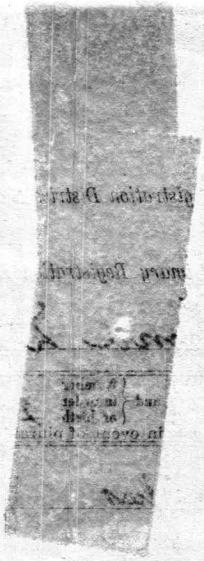
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670



49-24-ok793

PLACE OF BIRTH

Form V. S. No. 11-C—1916-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Canyon

City of Middleton

Registration District No. 3

File No. 7806

No. ____, ____ St.

Primary Registration District No. 7005

Registered No. 207

Hospital ____

FULL NAME OF CHILD Frances Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		6th	yes	7 14 1912

FATHER		MOTHER	
FULL NAME	Melvin Smith	FULL MAIDEN NAME	Barbara A. Pitzer
RESIDENCE	Middleton	RESIDENCE	Middleton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	West Virginia
OCCUPATION	Stone Cutter	OCCUPATION	House Wife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

(Signature) J. W. Lanier

(Physician or Midwife)

Address Middleton Idaho

Filed Aug 1 1912 J. S. Meyer M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 15 1960

249-116-014-515

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell Registration District No. 3 File No. 7807

No. 1114 Cleveland St Primary Registration District No. 1005 Registered No. 201.

Hospital

FULL NAME OF CHILD Wendell V. Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 16, 1912

FATHER	MOTHER
FULL NAME A. J. Smith	FULL MAIDEN NAME Era Vandervort
RESIDENCE Caldwell	RESIDENCE Caldwell,
COLOR White AGE AT LAST BIRTHDAY 33 (Years)	COLOR White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Ohio
OCCUPATION Teacher	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Cole

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

.....
Registrar

Address .....

Filed Apr 22 19 12 R C Zuck
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

819-223-0145-544

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7808

County of Canyon

City of Caldwell

Registration District No. 3

File No.

No. —, St.

Primary Registration District No. 205

Registered No. 198.

Hospital No

FULL NAME OF CHILD Sabra Susan Harris

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	May 23, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. J. Harris	Clara Emmons
RESIDENCE	Caldwell	Caldwell
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	33	30
BIRTHPLACE	N. Dakota	Mo
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 4

Number of childrea, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Mueller (Miss W)

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed May 30 1912 R C Bull

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. No. U.C.-1(rev-6-20-11)

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

653-121-01X 295

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell Registration District No. 3 File No. 7809

No. ——, —— St.

Primary Registration District No. 2015 Registered No. 199.

Hospital No

FULL NAME OF CHILD Kenneth Dale Allison

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	——	——	Yes	May 21 — 191?

FATHER		MOTHER	
FULL NAME	C. Allison	FULL MAIDEN NAME	Mary Bowen
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mo	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6-9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. L. J. Miller (Mrs W)

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed May 30 19 12 R C Bull

S-Y CO., 16670 Registrar Registrar

DEC 15 1970

286-123-014795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Nampa

No ____, ____ St.

Hospital ____

Registration District No 3 — File No. 7810

Primary Registration District No. 2006 — Registered No. 188

FULL NAME OF CHILD Thos. Mahon not yet named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	no	no	Yes	Feb 23 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thos H. Bryan	Clara E Greenhaw
RESIDENCE	Nampa Ida	Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	39
BIRTHPLACE	Ky.	Ohio
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. D. Calonge M.D.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

Filed Feb 25 1912 R C Bull Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

Amended 8-6-59

PLACE OF BIRTH

317-113-01X 381

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 7811

Primary Registration District No. 2006 Registered No. 189

FULL NAME OF CHILD Thomas Edward Taggart
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	March 13, 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: J. D. Taggart	FULL MAIDEN NAME: Laura Chadburn
RESIDENCE: near Nampa, Ida.	RESIDENCE: near Nampa, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 49 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE:	BIRTHPLACE:
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S.D. Calonge, M.D.

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed March 20, 1912 R.C. Bull Registrar.

Own child's birth cer. #257963, gives name as Thomas Edward Taggart, viewed by V.S. Bankers Union Life Insurance Company, of Denver, Colorado, shows name as Thomas Edward Taggart, dated Feb. 16,1945 viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Canyon }

Certificate No. 7811

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Tommas Taggart (Name on Original Certificate) who born (Was Born or Died) on March 13, 1912 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Tommas Taggart	Thomas Edward Taggart

Subscribed and sworn to before me this 31st day of March, 1959

Donald E. Patty
Notary Public, residing at Nampa, Idaho
My commission expires 3-1-1961
(Seal)

Signed Pearl Taddonio
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

320-Yale Ave. Nampa, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55.155 CL 3-23-59. nm

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Canyon

City of Nampa

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 3. File No. 7811

Primary Registration District No 2006 Registered No. 189.

FULL NAME OF CHILD Not yet named Jefferson Taggart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	No	First	Yes	March 13 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. D. Taggart	Laura Chadburn
RESIDENCE	Near Nampa Ida	Near Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	49	36
BIRTHPLACE	Overlooked	Overlooked
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Calaway M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed March 20 1912 R C Bull

SYMS - YORK CO., PTRS. & BORS. 17826

Registrar

Registrar

AUG 6 1959

413-216-014-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Wanship

No ____, ____ St.

Registration District No. 3 File No. 7812

Primary Registration District No. 2016 Registered No. 190.

Hospital Ester Reigels

FULL NAME OF CHILD Not yet named

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	no	1	Yes	March 16, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John D Mathews	Nancy R Waltman
RESIDENCE	Near Nampa Ida	Near Nampa Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	36
BIRTHPLACE	N. Y.	Ark.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1 P.M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. Colonge, M.D.

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed March 25 1912

.....
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

239-117-01K-244

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 7813

Primary Registration District No. 1096 Registered No. 191

FULL NAME OF CHILD JOHN DICK SITES

Sex of Child: Male	Twin, Triplet or other? No	and Number in order of birth: 3 (To be answered only in event of plural births)	Legitimate? Yes	Date of birth: 3 (Month) 17 (Day) 191 (Year)	

	FATHER	MOTHER
FULL NAME	John Sites	Maggie Summers
RESIDENCE	Nampa Ida	Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	33 (Years)	27 (Years)
BIRTHPLACE	Kans.	Mo.
OCCUPATION	Day Laborer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. Calonyn M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 3-22-12 W. A. Burch

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 7813

State of Idaho } ss.
County of Canyon

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or death)

for (Name on original certificate) who (Was born or died) on (Date of event)

in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Sites	John Sites
		JOHN DICK SITES

Subscribed and sworn to before me this 21st day of November, 1941

G. P. Sellers

Notary Public, residing at Nampa, Idaho

My commission expires Dec 4-1942

[SEAL]

Signed John H. Sites
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

116 - 6 Ave. So., Nampa, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st. day of November, 1941

G. P. Sellers

Notary Public, residing at Nampa, Idaho

My commission expires Dec 4-1942

[SEAL]

Signed Bert B. Stone
(Signature of any credible person other than the previous affiant.)

803 - 6 St. So. Nampa, Idaho
(Street Address, City, State)

Received for filing on NOV 22 1941 By
(Registrar's signature)

RECEIVED

866-113: 01X-453

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

7814

County of Canyon

City of Caldwell

No. ____, ____ St.

Hospital ____

Registration District No. 3 File No. ____

Primary Registration District No. 2005 Registered No. 182

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One		yes	7 - 12, 1912

FATHER		MOTHER	
FULL NAME	F. M. Hoodly	FULL MAIDEN NAME	Phoebe Dettman
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	AGE AT LAST BIRTHDAY (Years)	41
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or Midwife)

Address [illegible]

Given names added from a supplemental report

____, 19____

____ Registrar

Filed July 1912 R. C. Bull Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

S93-11V.014-869.

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7815

County of Canyon

City of Caldwell

Registration District No. 3 File No.

No. , St.

Primary Registration District No. 2005 Registered No. 183

Hospital No

FULL NAME OF CHILD William Logan Nichols

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one		yes	July 14, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. H. Nichol	Viola York
RESIDENCE	Caldwell	Caldwell
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	28
BIRTHPLACE	Mo.	Georgia
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Bell

(Physician or Midwife)

Address Cal. Caldwell Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 19 12 R. C. Bull

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 17 1945

281-213: OK 493

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. _____, _____ St.

Hospital None

Registration District No. 3 File No. 7816

Primary Registration District No. 2005 Registered No. 184

FULL NAME OF CHILD Mary Matilda Shaffer

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	One	X	yes	July 13, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	H. Shaffer	FULL MAIDEN NAME	Nellie Miller
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Ohio	COLOR	White
OCCUPATION	Creamery man	AGE AT LAST BIRTHDAY (Years)	31
		BIRTHPLACE	Ind.
		OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Mull

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

Filed July 19.12 R. C. Bull

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

APR 21 1967
OCT 16 1981

JUN 27 1962

942-127-014-349

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 3 File No. 7817

Primary Registration District No. 2015 Registered No. 185

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 27, 1912

FATHER		MOTHER	
FULL NAME	Will Rush	FULL MAIDEN NAME	Lucie Turner
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Caley

Physician

(Physician or Midwife)

Given names added from a supplemental report

____, 19____

____ Registrar

Address ____

Filed May 31 1912 W. C. Bull Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

393-103-014-695

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7818

County of Canyon

City of Nampa

Registration District No. ~~106~~ 3

File No.

No. ____, ____ St.

Primary Registration District No. 2006

Registered No. 186

Hospital —

FULL NAME OF CHILD —

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes.	4 28 1912

FATHER		MOTHER	
FULL NAME	James A. Littleton	FULL MAIDEN NAME	Hattie Freeman
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive. (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) O B Beller M.D.

Physician

(Physician or Midwife)

Address O B Beller M.D.

Filed 4/20 1912 O B Beller M.D. Registrar

Nampa Ida

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

864-103-014-796

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ____, ____ St.

Hospital

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 7819

Primary Registration District No. 1056 Registered No. 178.

FULL NAME OF CHILD Not yet named

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	No	2	Yes	May 3, 1912

FATHER		MOTHER	
FULL NAME	Louis Yoder	FULL MAIDEN NAME	Alpha Graves
RESIDENCE	Nampa Ida.	RESIDENCE	Nampa Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ohio	BIRTHPLACE	Idaho
OCCUPATION	R. R. Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 P.M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. W. Calonya M.D.

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 19 12 R. C. Bull
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

348 413-014-315

PLACE OF BIRTH

[redacted] IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

County of Canyon

CERTIFICATE OF BIRTH

City of Nampa

Registration District No. 3

File No. 7820

No. 1003 10th Ave. South

Primary Registration District No. 1006

Registered No. 176.

Hospital X

FULL NAME OF CHILD Henry L. Luque

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	X (To be answered only in event of plural births)	X	Yes	May 13, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Luque	Carmen Goyo
RESIDENCE	Nampa Idaho	Nampa Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	26
BIRTHPLACE	France	Spain
OCCUPATION	Sheepman	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Murray

Physician

(Physician or Midwife)

Address Nampa, Idaho

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed May 19 12 A. C. Bull

Registrar

S-Y CO., 16670

STATE OF

Bureau of Vital

CERTIFICATE

OF BIRTH

5/25/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JAN 6 11 45 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for unnamed Luque (Name on Original Certificate) who was born (Was Born or Died) on May 13, 1912 (Date of Event)

in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Unnamed	Henry Louis Luque

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Mary Carmen Usabel

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 1 Nampa Idaho - 83634

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Mateo }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of December, 19 76

SANDRA J. CASASSA
NOTARY PUBLIC-CALIFORNIA
SAN MATEO COUNTY
My Comm. Expires JUNE 21, 1980

Notary Public, residing at San Francisco

My commission expires June 21, 1980

(Seal)

Signed Henry L. Luque

(Signature of Any Credible Person)

942 Antoinette Lane

(Street Address, City, State)

So San Francisco Ca

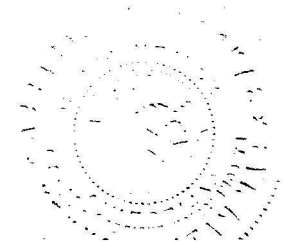
Sandra J. Casassa

FORM DH-60-135

JAN 1 0 1977

Driver's license from Washington gives name as Henry L. Luque. no. 1474623. born May 13, 1912. date expires May 13, 1955. viewed by V. S.

Honorable Discharge from the LDS Church gives nameas Henry L. Luque. born May 13. 1912 at Wampa, Idaho.date of separation & Feb 7, 1946. viewed by V. S.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 112 13th Ave. N.

Hospital X

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 7821

Primary Registration District No. 1006 Registered No. 174

FULL NAME OF CHILD Robert Lewis Rumiser

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Boy	X (To be answered only in event of plural births)		X	yes	May 18 (Month) (Day) 191 (Year)

FATHER		MOTHER	
FULL NAME	Ray Rumiser	FULL MAIDEN NAME	Sarah Smith
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Cal	BIRTHPLACE	Utah
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician (Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed June 19 17 R. C. Bull
Registrar

S-Y CO., 16670

MAR 9 1944

STATE OF IDAHO

Board of Health—Bureau of Vital Statistics.

1821

I hereby certify that the child

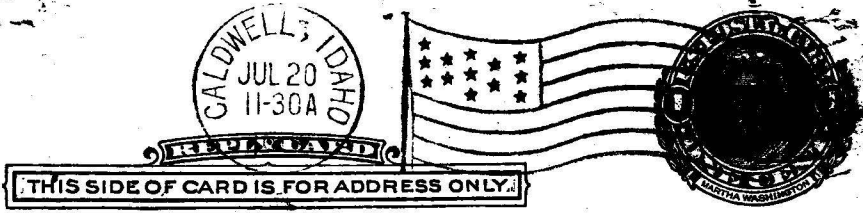
of Robert R. Runniser
(Name of Father)

and Sarah E. Smith
(Maiden Name of Mother)

Born on May 18 1912

has been named Robert Lewis.

Sarah E. Runniser
(Signature of Father or Mother)



Mr. Ray Rumiser,
Arrow Rock ~~Kansas~~,
112 ~~12th Ave. N.~~ Idaho.

[redacted] E OF BIRTH 85-2 Fed 1-435

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Clearwater

City of _____ Registration District No. 3 File No. 7822

No. _____, _____ St. Primary Registration District No. 2005 Registered No. 169

Hospital No

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	one	-	yes	July 7, 1912

FATHER		MOTHER	
FULL NAME	E. C. Kenedy	FULL MAIDEN NAME	Ethel Mc Neeley
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. V. Mueller

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed July 19 12

_____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

"N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912 -D 72-408

[redacted] 014-8-45

[redacted] TH AMENDED CHILS NAME, FATHERS NAME & MOTHERS NAME 09-24-1941

STATE OF IDAHO — Form V. S. No. 11-C—1m-6-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of _____ Registration District No. _____ File No. 7823

No. _____, _____ St. Primary Registration District No. 2005 Registered No. 170

Hospital No

FULL NAME OF CHILD LELA ~~Lelah~~ Emma Jones

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One		Yes	6 — 28, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. WILLIAM Jones	MYRTA ELIZA HUNTER Myrtle Hunter
RESIDENCE	Gold Star	Star
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	43
BIRTHPLACE	Iowa	Illinois
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth Four

Number of children, of this mother, now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10. A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Miller

Physician (Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed July 19 12

Registrar

S-Y CO., 16670

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AMENDMENTS ON CHILDS, FATHERS AND MOTHERS NAME WAS ACTUALLY DONE ON 02/16/2011 WHEN CORRECTION AFFIDAVIT WAS FOUND. PR

165-228-001-845

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353422
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Ada (b) City (near) Star
(c) Street Address or R.F.D. No. RFD, Middleton
(d) Name of Hospital or Maternity Home: At home.
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City (near) Star
(d) Street Address or R.F.D. No. RFD, Middleton
(e) How long has MOTHER lived in Idaho? 12 yrs.
(f) Mother's mailing address RFD, Middleton

3. RESIDENCE of FATHER (city, state) Star, Idaho

4. FULL NAME OF CHILD Lela Emma Jones

5. Date of Birth (Month, day year) 6-28-1912

6. Sex Female

7. Twin or Triplet Single

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME J. William Jones

11. Color or Race White

12. Age at time of THIS birth 43 yrs.

13. Birthplace Pleasant Plain, Iowa (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrta Eliza Hunter

17. Color or Race White

18. Age at time of THIS birth 43 yrs

19. Birthplace Jackson, Ohio (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Homemaker

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature S. J. Miller M.D.
and address Long Beach Cal Date 6-8-42 (D.O., Midwife, etc.)

26. (a) AUG 10 1942 (Date received) (b) Mabel Keeler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, J. William Jones, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lela Emma Jones (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Miller of Caldwell (Name of attendant at birth), who attended said birth cannot now be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

J. William Jones Signature

R.F.D., Eagle, ~~Idaho~~ P. O. Address

Subscribed and sworn to before me on this 24 day of ~~August~~ September 1941

(SEAL)

Notary Public, residing at Boise, Idaho

APR 5 1963

JUN 21 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report~~ may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

617-102-04689

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ....., ... St.

Hospital No

Registration District No. 3

Primary Registration District No. 2225

File No. 7824

Registered No. 164

FULL NAME OF CHILD Paul Hubert Wagoner

Sex of Child: Boy	Twin, Triplet, or other? One (To be answered only in event of plural births)	and Number in order of birth	Legitimate? Yes	Date of birth: July (Month) 2 (Day) 1912 (Year)	

FATHER		MOTHER	
FULL NAME	J. W. Wagoner	FULL MAIDEN NAME	Fern Whittig
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	N. C.	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Miller

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 19 12 R. C. Bull

Registrar

S-Y CO., 16670

APR 2

7 1942

CALDWELL, IDAHO
JUL 20
11-30A
RECEIVED

THIS SIDE OF CARD IS FOR ADDRESS ONLY

Mrs. J. W. Waggoner,
Caldwell,
Idaho.

1824

STATE OF IDAHO

Board of Health---Bureau of Vital Statistics.

I hereby certify that the child

of Walter Wagoner
(Name of Father)

and Fern Whittig
(Maiden Name of Mother)

Born on July 2nd 1912

has been named Paul Hubert

J. W. Wagoner
(Signature of Father or Mother)

Amended 6-30-59

PLACE OF BIRTH

613-213014-266

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Notus

No. ..... St.

Registration District No. 3 File No. 7825

Hospital ..... Primary Registration District No. 2005 Registered No. 161

FULL NAME OF CHILD Miriam Elizabeth Watson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 13, 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Hammond C. Watson	FULL MAIDEN NAME: Margaret Bower
RESIDENCE: Notus	RESIDENCE: Notus
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Penn.	BIRTHPLACE: Penn.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

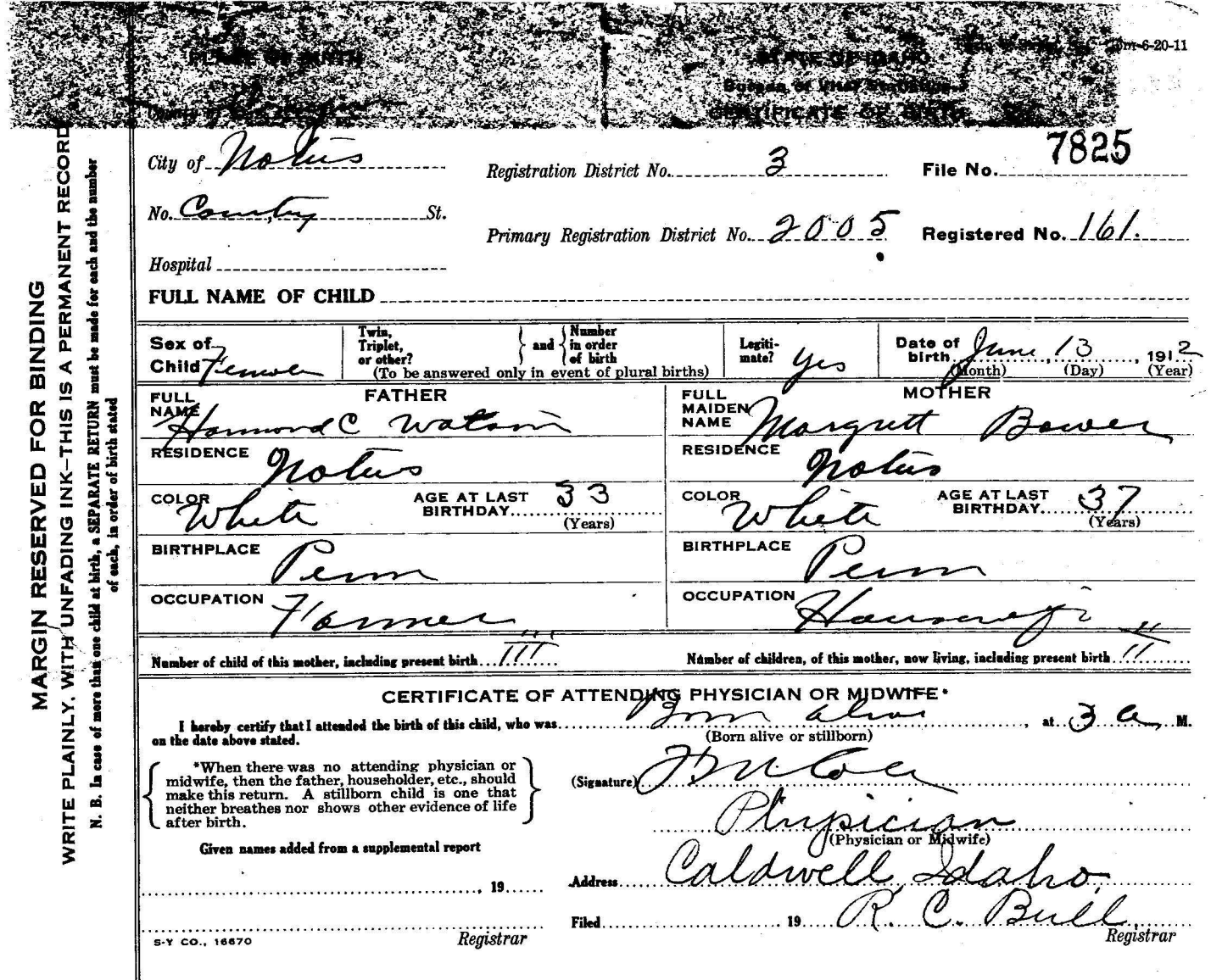
(Signature) F. M. Cole

Physician
(Physician or midwife)

Address Caldwell, Idaho

Filed 1922 R.C. Bull
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Form 6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 3

File No. 7825

No. Courtney St.

Primary Registration District No. 2005

Registered No. 161

Hospital

FULL NAME OF CHILD

Sex of Child Female

Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of birth June (Month) 13 (Day) 1912 (Year)

FATHER

FULL NAME Howard C Watson

RESIDENCE Nampa

COLOR White

AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Penn

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Margrett Bowen

RESIDENCE Nampa

COLOR White

AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Penn

OCCUPATION Housewife

Number of child of this mother, including present birth III

Number of children, of this mother, now living, including present birth II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) R C Bull

Physician
(Physician or Midwife)

Address Caldwell Idaho

Filed ..... 19..... R. C. Bull
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

JUN 30 1959

Cradle Roll Certificate, Boise Baptist Bible School, May 10, 1914, gives name as Miriam Elizabeth Watson - viewed by V.S. and Post Card from the State of Idaho Board of Health—Bureau of Vital Statistics for full name of child, July 20, 1913 gives child's name as Miriam Elizabeth Watson - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss. post card sent to Mr. H.C. Watson Notus, Idaho - other documents listed on back
County of Kane }

Certificate No. 7825

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Watson (Name on Original Certificate) who born (Was Born or Died) on June 13, 1912 (Date of Event)
in Notus, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Miriam Elizabeth Watson
Full Name of Mother	Margrett Bower	Margaret Bower

Subscribed and sworn to before me this 23rd day of February, 19 59.
Notary Public, residing at Eugene, Oregon
My commission expires Notary Public for Oregon
(Seal) My commission expires Nov. 4, 1959

Signed Margaret B. Williams (MOTHER)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
P.O. Box 502 Cottage Grove, Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Jackson }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of June, 19 59.
Notary Public, residing at Medford, Oregon
My commission expires 19 July 1959
(Seal)

Signed Marguerite Watson Black (SISTER)
(Signature of Any Credible Person)
216 So. Orange St.
(Street Address, City, State)
Medford Oregon

FORM DPH 55.155 NNCL 2-11-59. nm

Post Card from Health Dept. also gives mother's name as Margaret E. Bower - viewed by V.S.

Another child's birth cert. on file, #37413 gives mother's name as Margaret E. Bower - viewed by V.S.

685-106-014-569

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of

City of

Registration District No. 3

File No. 7826

No. , St.

Primary Registration District No. 2515

Registered No. 162

Hospital

FULL NAME OF CHILD Roy Virgil Wheeler

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	None		yes	July 6, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. A. Wheeler	Agnes Voight
RESIDENCE	Caldwell	Caldwell
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 26	White / 20
BIRTHPLACE	Ill.	Iowa
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S J Miller

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

Filed July 19 12 R. C. Bull

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 12 1947

APR 16 1948

4661191 OK-769

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 7827

Primary Registration District No. 1076 Registered No. 194

FULL NAME OF CHILD Not named (Died)

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	2	Yes	4/19, 191.2

FATHER		MOTHER	
FULL NAME	Geo H. Moore	FULL MAIDEN NAME	Harriet M Gorsuch
RESIDENCE	Near Nampa Ida	RESIDENCE	Near Nampa Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Pa.
OCCUPATION	Bank Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 30 AM, on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. Calonya MD

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 4/20 19.12 R Orbell
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

4664/18604-702

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

1026

County of Canyon

City of Nampa

Registration District No. 3

File No.

No. ____, ____ St.

Primary Registration District No. 1576

Registered No. 193

Hospital

FULL NAME OF CHILD not yet named

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	1	Yes	4/18, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo H. Moore	Harriet M Gosnell
RESIDENCE	Near Nampa Ida	Near Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	Yrs 31
BIRTHPLACE	Mo	Pa.
OCCUPATION	Bank Clerk	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I ~~attended~~ the birth of this child, who was born alive at 9:30 P.M. on the date above stated. Midwife in attendance

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ... he was born D Calanya MD

(Physician or Midwife)

Address ...

Given names added from a supplemental report

..., 19...

Filed 4/20 19 12 R O'Neill

Registrar

...

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912-34056/

795.22 [redacted] 997

PLACE OF [redacted]

County of [redacted]

City of Edgewood

No. R R D No 1 St.

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 7829

Primary Registration District No. 2002 Registered No. 178

Hospital

FULL NAME OF CHILD Miriam Grebst

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	Aug 22, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm A Grebst	Stella Pipe
RESIDENCE	Edgewood, nr Eagle. P.O. Boise R R 5. No 1	Boise, R R 5. No 1.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	30
BIRTHPLACE	Sweeden	Idaho.
OCCUPATION	Author	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive ~~or stillborn~~ on the date above stated. Aug. 22, 1912, at 10:15 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Numbers

(Physician or ~~Midwife~~)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed Aug 24, 1912 G. E. Shawhan

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 12 1962

FEB 16 1967

295-10-1000-363

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ada

City of Near Eagle 1/2 mi N.

No ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 7830

Primary Registration District No. 2002 Registered No. 162

FULL NAME OF CHILD Carl James William Bingman

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	Aug. 1, 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Monroe Frank Bingman	FULL MAIDEN NAME: Cora Caldonia Cotton
RESIDENCE: Near Eagle, Ida.	RESIDENCE: Near Eagle, Ida.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: La Clede Co., Mo.	BIRTHPLACE: Colo.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:04 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Shawhan

Physician (Physician or Midwife)

Address Boise, Ida.

Given names added from a supplemental report

....., 19.....

Filed Aug 3 1912 G. E. Shawhan

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

46

815-105-001-193

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 1

File No. 7831

No. ——, —— St.

Primary Registration District No. 2003

Registered No. 166

Hospital ——

FULL NAME OF CHILD ~~Not Named Yet~~ ARTHUR THEODORE HANNUM

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Dec 5 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Wellington Hannum	Lillian C. Arthaud
RESIDENCE	4 Mi east 1/2 Mi North	4 Mi east 1/2 Mi North
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	41
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1020 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sutton

(Physician or Midwife)

Address Meridian Idaho

Given names added from a supplemental report

....., 19.....

Filed 8-6- 1912 C. E. Sutton Registrar

8-8- 1912 G. E. Shanahan

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 27 1942

253-106-001-719

PLACE OF BIRTH

County of Ada

City of Nyle Ida.

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 7832

Primary Registration District No. 2004 Registered No. 169

FULL NAME OF CHILD Almond Wilbur Kelsey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Aug 6 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME	Warren Wilbur Kelsey	FULL MAIDEN NAME Ida Parrish
RESIDENCE	~~Waste~~ Nyle Ida	RESIDENCE Nyle Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Grant Co. S. D.	BIRTHPLACE Junction City Ore
OCCUPATION	Blacksmith	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. P. Sloan M.D.
(Physician or ~~midwife~~)

Address Eagle

Given names added from a supplemental report

....., 19.....

Filed Aug. 12, 1912 E. E. Shawhan
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 14 1943

File No.

Registration District No.

Primary Registration District No. 2004

Registered No.

PLACE OF BIRTH

County of

City of

No. St.

PERMANENT RECORD

Add the number

693-209-00-789

PLACE OF BIRTH

County of Ada

City of So. Boise

No. Garfield Sch. Dist.

Hospital

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1

File No. 7833

Primary Registration District No. 2004

Registered No. 170

FULL NAME OF CHILD Eleanor Jane Williams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Aug 9, 1912

FATHER		MOTHER	
FULL NAME	Bert Williams	FULL MAIDEN NAME	Emma Alice Phillips
RESIDENCE	So. Boise	RESIDENCE	So. Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Electrician	OCCUPATION	H W.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. Carl Kell

(Physician or ~~Midwife~~)

Address Boise

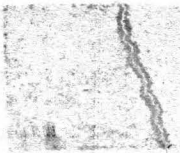
Filed Aug. 13, 1912 G. E. Shawhan
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



217-113001-263

PLACE OF BIRTH

County of Ada

City of ~~Saylor Ida~~

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 1 File No. 7834

Primary Registration District No. 2002 Registered No. 171

FULL NAME OF CHILD Erwin Lawrence Saylor

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Aug. 13th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm W. Saylor	Dollie J. Sacks
RESIDENCE	Ada Co.	Ada Co.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	24
BIRTHPLACE	Michigan	Wisconsin
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth... 3rd

Number of children, of this mother, now living, including present birth... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 8 10 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug. 14 1912 G. E. Shawhan

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 15 1956

693-208'001-331

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

No. Eagle Island St.

Registration District No. 1

File No. 7835

Primary Registration District No. 2002

Registered No. 172

Hospital

FULL NAME OF CHILD Bessie Frances Williams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one	3rd	yes	Aug. 8, 1912

	FATHER	MOTHER
FULL NAME	W. T. Williams	Izeta Mae Clark
RESIDENCE	Eagle Island	Eagle Island
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	27
BIRTHPLACE	Kans	Idaho
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal, Physician

(Physician or Midwife)

Address Meridian, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug. 16, 1912 H. E. Shawhan

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 29 1966

FEB 15 1950

893-127.001-867

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7836

County of Ada

City of Meridian Registration District No. 1 File No.

No. E. Idaho St. Primary Registration District No. 2003 Registered No. 173

Hospital

FULL NAME OF CHILD Julian Hickman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	+ —	3rd	yes.	July 27, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jno C. Hickman	Anna L. Hoyle
RESIDENCE	Meridian	Meridian
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	Ill	Ill
OCCUPATION	Labor	House wife

Number of child of this mother, including present birth 3

Number of children of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.5-0 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Holbert F. Neal

Physician

(Physician or Midwife)

Address Meridian Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug. 16, 1912 H. E. Shawhan

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

115 117-001-285

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of So Boise

No 4th & Denver St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 7837

Primary Registration District No. 2004 Registered No. 174

FULL NAME OF CHILD WINFRED STEWART JANSSEN

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	—	yes	Aug. 17, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alfred Edward Janssen	FULL MAIDEN NAME	Edna Marie Sheeley
RESIDENCE	So. Boise	RESIDENCE	So. Boise
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Milwaukee, Wis.	BIRTHPLACE	Muskegon, Mich
OCCUPATION	Bookkeeper	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Shawhan

Physician (Physician or Midwife)

Address Boise, Ida.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Aug. 17, 1912 G. E. Shawhan
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

National Service Insurance-The United States of America-issued 1950
viewed by Vital Statistics

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 7837

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Janssen (Name on Original Certificate) who was born (Was Born or Died) on Aug 17, 1912 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Winfrd's birth certificate on file Idaho #259648 (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Winfred Stewart Janssen

Subscribed and sworn to before me this 20th day of June, 1958.
Albert Butler
Notary Public, residing at Boise, Idaho
My commission expires June 27, 1959
(Seal)

Signed George Janssen Jr
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
June 20 29 Mesa Drive
(Street Address, City, State) Boise, Ida

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of June, 1958.
Albert Butler
Notary Public, residing at Boise, Idaho
My commission expires June 27, 1959
(Seal)

Signed Eileen Winters
(Signature of Any Credible Person)
918 N. 7th Boise, Idaho
(Street Address, City, State)

FORM DPH 55. 195

JUN 20 1958

955·220·001-365

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of 1½ mi. No. of Eagle

No ——, —— St.

Hospital ——

Registration District No 1 File No. 7838

Primary Registration District No. 2002 Registered No. 175

FULL NAME OF CHILD Helen Anne Renk

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	Aug. 20, 1912

FATHER

FULL NAME Henry John Renk

RESIDENCE Ada Co.

COLOR white AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Bristol, Wis.

OCCUPATION Farmer & Sheepman

MOTHER

FULL MAIDEN NAME Laura Frances A Conrad

RESIDENCE Ada Co.

COLOR white AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Pine Bluff, Wis

OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Shawhan

Physician

(Physician or Midwife)

Address Boise, Ida.

Given names added from a supplemental report

....., 19.....

Filed Aug. 21, 1912 G. E. Shawhan

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

Registrar

AUG 30 1957

AUG 29 1957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

593-116-201 843

County of Ada

City of Eagle

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7839

Registration District No. 1 File No. .....

Primary Registration District No. 2002 Registered No. 176

FULL NAME OF CHILD Jack Hugh Francis Nichols

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	8 / 16 / 1912

FATHER		MOTHER	
FULL NAME	John Ray Nichols	FULL MAIDEN NAME	Nellie E Huckla
RESIDENCE	Eagle	RESIDENCE	Eagle
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	Housework

Number of child of this mother, including present birth ..... 1 .....

Number of children, of this mother, now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 11 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred C. Edwards

(Physician or Midwife)

Address Talk Box

Given names added from a supplemental report

....., 19.....

Filed Aug. 23, 1912. G. E. Shawhan

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Valley }

Certificate No. #7829
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for unnamed boy (Name on original certificate) who was born (Was born or died) on Aug. 16 - 1912 (Date of event)
in Eagle, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by mother (Bible record, insurance policy, etc.) prepared on July 27 - 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
name	unnamed Nichols	Jack Hugh Francis Nichols

Subscribed and sworn to before me this 28
day of July, 1941
Blair G. Armstrong,
Notary Public, residing at Donnelly, Ida
My commission expires 7-12-43
[SEAL]

Signed Nelli Nichols
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Donnelly Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Valley }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28
day of July, 1941
Blair G. Armstrong,
Notary Public, residing at Donnelly, Ida
My commission expires 7-12-43
[SEAL]

Signed Roy Nichols
(Signature of any credible person other than the previous affiant)
Donnelly Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

792-220101-792

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Dry Creek

No ____, ____ St.

Registration District No 1

File No. 7840

Primary Registration District No. 2002

Registered No. 177

Hospital ____

FULL NAME OF CHILD Marion Gibbs.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes	8 20 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank A Gibbs	Nora Gibbs
RESIDENCE	Dry Creek.	Dry Creek
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	36	27
BIRTHPLACE	Kansas.	Idaho
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pettengill

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Address Ruby

Filed Aug 23, 1912 G. E. Shawhan

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

DUP OF 1912-D 51-501

2 MOTHER MAIDEN NAME NOT CHANGE

291-124-001-295

Form V. S. No. 11-C—40m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Eagle

No. ..... St.

Hospital .....

Registration District No. 1 File No. 7841

Primary Registration District No. 2002 Registered No. 179

FULL NAME OF CHILD George F Branen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 24 1912

FATHER

FULL NAME: George Francis Branen

RESIDENCE: Caldwell

COLOR: White AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Springfield Neb

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Clara Virginia Kincade

RESIDENCE: Caldwell

COLOR: White AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Brooks Co. Kans.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Bloom M D

(Physician or midwife)

Address Eagle

Filed Aug. 31, 1912 G. E. Shawhan Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 12-356062

553-124-001-294

1072

PLACE OF BIRTH

County of Ada

City of Star

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

7842

Registration District No. 1 File No. ____

Primary Registration District No. 2001 Registered No. 180

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes	Aug 24, 1912

FATHER		MOTHER	
FULL NAME	Samuel Nelson	FULL MAIDEN NAME	Myrtle Simons
RESIDENCE	Star	RESIDENCE	Star
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Indiana	BIRTHPLACE	Ohio
OCCUPATION	Farming	OCCUPATION	Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:30 P.M. on the date above stated.

(Signature) W. W. Hall MD

(Physician or Midwife)

Address Star Idaho

Filed Aug 31, 1912 E. E. Shawhan Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

CERTIFICATE OF BIRTH

551-1101,201-699 1071

PLACE OF BIRTH

County of Ada

City of Meaffar

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 1 File No. 7843

Primary Registration District No. 2001 Registered No. 181

FULL NAME OF CHILD Dee Ezra Evans

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	8 10 1912

FATHER		MOTHER	
FULL NAME	Egra O Evans	FULL MAIDEN NAME	Phoba Wright
RESIDENCE	Star	RESIDENCE	Star
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Kansas	BIRTHPLACE	Oregon
OCCUPATION	Farming	OCCUPATION	Nurse

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ola Hall MD

(Physician or Midwife)

Address Star Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 3 1912 E. E. Shawhan

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Canyon }

Certificate No. 7842
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Dee Ezra Evans (Name on original certificate) who was born (Was born or died) on August 10th 1912 (Date of event)
in Star, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Omitted name was not registered at time of birth	Dee Ezra Evans born August 10th, 1912

Subscribed and sworn to before me this 17th day of July, 19 41

Notary Public, residing at Nampa, Idaho
My commission expires March 9th, 1945
[SEAL]

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

423 - 15th Avenue S. Nampa, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Canyon }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of July, 19 41

Ethel V. Friese

Notary Public, residing at Nampa, Idaho
My commission expires March 9, 1945
[SEAL]

Signed Phoeby Evans Mother
(Signature of any credible person other than the previous affiant)

423 - 15th Ave. So. Nampa, Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

7/2741

NOV 13 1973

295-208-001 659 S.N. 1070.

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Star

No. ....., ... St.

Hospital .....

Registration District No. 1 File No. 7844

Primary Registration District No. 2001 Registered No. 182

FULL NAME OF CHILD ADDIE RENA BRESHEARS

Sex of Child F.M.	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? yes	Date of birth June 8 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Albert O. Breshears	FULL MAIDEN NAME	Annie Herrell
RESIDENCE	Idaho	RESIDENCE	Star
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive. (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Olo Hall M.D.

Star Idaho

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Aug 31, 1912 E. E. Shawhan

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Multnomah }

Certificate No. 7844

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for ____ (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on June 6, 1912 (DATE OF EVENT)
in Star, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Addie Rena Breshears

Subscribed and sworn to before me this 7th day of April, 19 42

Notary Public, residing at Portland, Oregon
My commission expires June 23, 1942
(SEAL)

Signed Mrs Anna Breshears
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

954 S E 54th Ave Portland, Oregon
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 138, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of April, 19 42

Notary Public, residing at Portland, Oregon
My commission expires June 23, 1942
(SEAL)

Signed × Mrs John Calliott
(SIGNATURE OF AN CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

4546 S E Division Portland, Oregon
(STREET ADDRESS, CITY, STATE)

Received for filing on ____ By ____
(REGISTRAR'S SIGNATURE)

553225-001-764

PLACE OF BIRTH

County of Ada

City of Owhyee

No. ____, ____ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 1 File No. 7845

Primary Registration District No. 2004 Registered No. 183

FULL NAME OF CHILD Pansey Luella Nelson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one	4th	yes	Aug 25 1912

FATHER	MOTHER
FULL NAME: Edmund W. Nelson	FULL MAIDEN NAME: Bertha E. Goulden
RESIDENCE: Owhyee Idaho	RESIDENCE: Owhyee Idaho
COLOR: white	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Ill	BIRTHPLACE: Neb
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.45 P. M. on the date above stated.

(Signature) H. G. Neal

Physician (Physician or Midwife)

Address

Filed Sept 3, 1912 E. E. Shawhan Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 8 1953

283-217001-295

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 1 File No. 7846

No. ____, ____ St. Primary Registration District No. 2003 Registered No. 184

Hospital ____

FULL NAME OF CHILD Ruby Myrtle Kyle

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	not	2nd	yes	Aug 17, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James J. Kyle	FULL MAIDEN NAME	Anna Kiddle
RESIDENCE	Meridian Idaho	RESIDENCE	Meridian Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Tenn	BIRTHPLACE	Ark
OCCUPATION	Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Neal

Physician

(Physician or Midwife)

Address Meridian

Given names added from a supplemental report

....., 19.....

Filed Sept. 3, 1912 G. E. Shawhan

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 18 1948

APR 22 1971

AUG 10 1953

393-206 1001-666

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7847

County of Ada

City of ..... Registration District No. 1 File No. .....

No. ....., ... St. Primary Registration District No. 2024 Registered No. 185

Hospital .....

FULL NAME OF CHILD Helen Ada Little

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	~~male~~ (To be answered only in event of plural births)	1	Yes	Aug 6, 1912

FATHER	MOTHER
FULL NAME Fred Little	FULL MAIDEN NAME Georgia Wood
RESIDENCE Ada Dell Ranch	RESIDENCE Ada Dell Ranch
COLOR W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR W. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Penn.
OCCUPATION Rancher.	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 9 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Hohnson M.D. (Physician or Midwife)

Address Boise, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept. 3, 1912 L. E. Shawhan Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 24 1942

796-229042

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Twin Falls

City of Twin Falls — Registration District No. 23 — File No. 7849

No. ____, ____ St. — Primary Registration District No. 2085 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Alma Groeninger

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			Yes	July 29, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Francis Groeninger	Dotty Burgoyne
RESIDENCE	T. Falls	T. Falls
COLOR		
AGE AT LAST BIRTHDAY	26 (Years)	19 (Years)
BIRTHPLACE	Missouri	Kansas
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive July 29 12, at 7A M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Morgan M.D.

(Physician or Midwife)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

Filed Aug 8 1912 John F. Coughlin Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

1845

OCT 5 - 1944

469-222-042-993

PLACE OF BIRTH

County of 97

City of 9

No. _____, _____ St.

Hospital _____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 23 File No. 7850

Primary Registration District No. 2085 Registered No. _____

FULL NAME OF CHILD Jennie Rachel Morgan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
girl		2	yes	July 22, 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME John Richard Morgan	FULL MAIDEN NAME Jennie Rice Morgan
RESIDENCE	RESIDENCE
COLOR	COLOR
AGE AT LAST BIRTHDAY ..... (Years)	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE	BIRTHPLACE
OCCUPATION Ranching	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) July 22 1912, at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bertha Douglas for J. R. Morgan

Nurse
(Physician or Midwife)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

Filed Aug. 3 1912 John T. Coughlin
Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

12/30/40 L. B.

413-221-042-433

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

7851

Registration District No. 2 3 File No. ____

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD JESSIE ANN MacKENZIE

Sex of Child	~~Twin, Triplet,~~ or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl		1	Yes	July 21 1912

FATHER	MOTHER
FULL NAME Neal MacKenzie	FULL MAIDEN NAME Jessie Ann McLeod
RESIDENCE Twin Falls	RESIDENCE Twin Falls
COLOR white AGE AT LAST BIRTHDAY 25 yrs (Years)	COLOR white AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Scotland	BIRTHPLACE Scotland
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) July 21 1912, at 7 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Murgatroyd M.D.

(Physician or Midwife)

Address Twin Falls.

Given names added from a supplemental report

....., 19.....

Filed Aug 1 1912 John F. Engleken

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock

Certificate No. 7851

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Baby MacKenzie (Name on Original Certificate) who born (Was Born or Died) on July 21, 1912 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Record in state office (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Jessie Ann MacKenzie
mother's name	Jessie MacKenzie	Jessie Ann McLeod

Subscribed and sworn to before me this 31st
day of March, 1942

Notary Public, residing at Pocatello, Idaho

My commission expires
(Seal)

Signed Jessie Ann Macleod MacKenzie
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Mother,
729 West Center, Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Minidoka

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21
day of April, 1942.

Notary Public, residing at Rupert, Idaho.

My commission expires July 20, 1943.
(Seal)

Signed Della Smith
(Signature of Any Credible Person Other Than Previous Year)

710, "J" St. Rupert, Idaho.
(Street Address, City, State)

APR 27 1942

APR 29 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

432-22-1242-692

Form V.S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of T. F.

City of T. F.

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 3 File No. 7852

Primary Registration District No. 2 0 8 5 Registered No. .....

FULL NAME OF CHILD BEATRICE McKOWN

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		3	Yes	July 29, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Grover McKown	Myrtle Shree
RESIDENCE	T. Falls	T. Falls
COLOR	AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Ill	Ill
OCCUPATION	Farmer	

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) July 29 1912 at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) J. R. Morgan M. D.

(Physician or Midwife)

Address Twin Falls

Filed Aug 8 1912 John F. Guthrie Registrar

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA } ss.
County of Los Angeles }

Certificate No. 7852
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death) for unnamed (Name on original certificate) who born (Was born or died) on July 29, 1912 (Date of event) in Twin Falls, Idaho (Place of event) are erroneous or were omitted; and that, to the best of her knowledge, the true facts as shown by bible record (Bible record, insurance policy, etc.) prepared on July 29, 1912 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
SurName	Unnamed McKnown	McKown
Name		Beatrice McKown

Subscribed and sworn to before me this 26th day of February, 1942.

Rurie A. Chilson

Notary Public, residing at Pasadena, Calif.

My commission expires October 1, 1944

[SEAL]

Signed Myrtle McKown (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3771 Elma Rd., Pasadena, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires

[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on MAR 3 1942 By
(Registrar's signature)

386-125-042-231

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

7853

Registration District No. 2 3 File No. ____

Primary Registration District No. 2085. Registered No. ____

FULL NAME OF CHILD Donald Leroy Lyons

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		4	Yes	July 25, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jesse Lyons	Bessie Blackburn
RESIDENCE	Twin Falls	Twin Falls
COLOR		
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Ohio	Ohio
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive July 25 1912, at 11 30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan M. D.

(Physician or Midwife)

Address Twin Falls Ida.

Given names added from a supplemental report

....., 19.....

Filed Aug 8 1912 John H. Breyfogle

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

855-122042-453

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

7854

County of [illegible]

City of [illegible]

Registration District No. 23

File No.

No. ____, ____ St.

Primary Registration District No. 2085

Registered No.

Hospital

FULL NAME OF CHILD John Blakely Hemmeke

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 22, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C B Hemmeke	Eva Detweiler
RESIDENCE	Hollister	Hollister
COLOR		
AGE AT LAST BIRTHDAY (Years)	29	20
BIRTHPLACE	Kansas	Kans.
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) July 22 12 at 6 [illegible] M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Morgan M.D.

(Physician or Midwife)

Address Twin Falls

Given names added from a supplemental report

..... 19.....

Registrar

Filed Aug 8 1912 John T. Bughlin Registrar

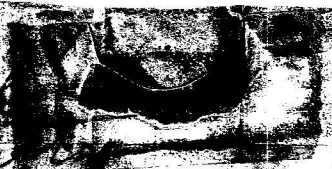
S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 13 1953



PLACE OF BIRTH

County of Canyon

City of Caldwell

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 7855

No. ____, ____ St.

Primary Registration District No. 127 Registered No. 231

Hospital ____

FULL NAME OF CHILD James Roe Roseclose

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	Aug. 6, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Levi B. Roseclose	Nannie E. Carter
RESIDENCE	Juliaetta. Ida.	Juliaetta Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	30
BIRTHPLACE	Virginia.	Virginia.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S.A. Roe

Physician

(Physician or Midwife)

Address Juliaetta Idaho.

Given names added from a supplemental report

....., 19....

Registrar

Filed Aug. 7 1912

S.A. Roe

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

If a town of more than one child at birth, a SEPARATE RETURN must be made (record) and the number of each, (1st, 2nd, 3rd, etc.) of birth stated

PLACE OF BIRTH

County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V.S. No. II-C—Rev. 6-29-0

(Legal Authority)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

S-99-225-029-154

PLACE OF BIRTH

County of Latah

City of Juliaetta

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15 File No. 7856

Primary Registration District No. 2127 Registered No. 232

FULL NAME OF CHILD Evelyn Edith Erickson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.			yes	Aug. 25, 191-

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ole Erickson.	Ida Anderson.
RESIDENCE	near Kendrick.	near Kendrick
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	4-	33.
BIRTHPLACE	Minnesota.	Sweden.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S.A. Roe. MD

Physician.

(Physician or Midwife)

Address Juliaetta Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 26 19 1- S.A. Roe

Registrar

S-Y CO., 16670

MAY 6 1942

622-204-029-2-12

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

7857

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Registration District No. 15

Primary Registration District No. 2068

File No. .....

Registered No. 260

Hospital .....

FULL NAME OF CHILD Minnie Osborn

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	—	—	—	Yes.	Aug. 4 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Preston Osborn	FULL MAIDEN NAME	Hattie Baker
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Virg.	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Minnie Osborn

midwife (Physician or midwife)

Address Deary

Filed 8/10 1912 E. V. Faust Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 17 1963

386-113-029-865

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Potlatch

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7859.

Registration District No. 15

File No. .....

Primary Registration District No. 2066

Registered No. 261

FULL NAME OF CHILD Donald William Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			Yes.	Aug. 13, 1912

FATHER	MOTHER
FULL NAME Joseph Wirtz Thompson	FULL MAIDEN NAME Katheryn M. Hoeckes.
RESIDENCE Potlatch.	RESIDENCE Potlatch
COLOR White. AGE AT LAST BIRTHDAY 39. (Years)	COLOR White. AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE England.	BIRTHPLACE Illinois
OCCUPATION Physician	OCCUPATION Housewife.

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive. (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. D. B. Harrison.

M. D. (Physician or Midwife)

Address Palouse, Wash.

Given names added from a supplemental report

....., 19.....

Filed Aug. 29th 1912 D. J. Thompson Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS 17328

JAN 24 1969

745·22·029-336

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Potlatch

No ____, ____ St.

Hospital ____

Registration District No. 15. File No. 7860

Primary Registration District No. 2066 Registered No. 262

FULL NAME OF CHILD Lillian Laverna Gunderson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.	✓ (To be answered only in event of plural births)	✓	yes	Aug 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ernest Gunderson.	Carrie Elizabeth Clauson
RESIDENCE	Potlatch.	Potlatch.
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	26	26
BIRTHPLACE	Norway.	Minnesota
OCCUPATION	Laborer.	Housewife.

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Thompson M. D.

(Physician or Midwife)

Address Potlatch Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug. 29 1912 D. J. R. Thompson

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUL 27 1953

695-23-029-964

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah.

City of Potlatch

No ____, ____ St.

Hospital ____

Registration District No. 15. File No. 7861

Primary Registration District No. 2066. Registered No. 263

FULL NAME OF CHILD Irene Agnes Klara Dien.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.			yes.	July 31, 1912

FATHER	MOTHER
FULL NAME: Peter O. Dien.	FULL MAIDEN NAME: Ingla J. Rennek.
RESIDENCE: Potlatch	RESIDENCE: Potlatch
COLOR: white. AGE AT LAST BIRTHDAY: 23. (Years)	COLOR: white. AGE AT LAST BIRTHDAY: 23. (Years)
BIRTHPLACE: Norway.	BIRTHPLACE: Norway.
OCCUPATION: Sawyer. in Lumber Mill.	OCCUPATION: Housewife.

Number of child of this mother, including present birth: 3rd

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 2 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Jno. Thompson. M.D.

(Physician or Midwife)

Address Potlatch Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug. 12. 1912 D. Jno. Thompson Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No.

Registered No.

FULL NAME OF CHILD

Sex of Child

Date of Birth

FATHER

MOTHER

FULL MAIDEN NAME

RESIDENCE

BIRTHPLACE

OCCUPATION

AGE AT LAST BIRTHDAY

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

PLACE OF BIRTH

MARRIED RESIDENCE FOR BINDING

WHITE PLAINING WITH UNDERLINE

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 7861

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Unamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on July 31, 1912 (DATE OF EVENT)
in Porlatch, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Baptism Cft. (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Sept. 1, 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Irene Agnes Klara Oien

Subscribed and sworn to before me this 5th., day of May, 19 42.

L. S. Means

Notary Public, residing at Spokane

My commission expires July 18th., 1943.

(SEAL)

Signed Peter O. Oien

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

R#1, Opportunity, Wash.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th., day of May, 19 42.

L. S. Means

Notary Public, residing at Spokane.

My commission expires July 18th., 1943.

(SEAL)

Signed Jannetta Oien

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

R#1, Opportunity, Wash.

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 12 1942 By .....

(REGISTRAR'S SIGNATURE)

MAY 18 1942

241-216-029-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Potlatch

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 7862

Primary Registration District No. 2066 Registered No. 264

FULL NAME OF CHILD May Smart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	August 16 1912

FATHER		MOTHER	
FULL NAME	Leonard W Smart	FULL MAIDEN NAME	Lillie Belfield
RESIDENCE	Princeton, Idaho	RESIDENCE	Princeton, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd.

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. [illegible]

Princeton, Idaho (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Aug. 25 1912 Dr. J.W. Thompson Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

651-118-02-619

Weaver

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Potlatch

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 7863

Primary Registration District No. 2066 Registered No. 265

FULL NAME OF CHILD William K Weaver

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	Feb. (Month) 18 (Day) 192 (Year)

FATHER	MOTHER
FULL NAME: Charles Weaver	FULL MAIDEN NAME: Liza Fair
RESIDENCE: Princeton Idaho	RESIDENCE: Princeton Idaho
COLOR: White AGE AT LAST BIRTHDAY: 50 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: New York	BIRTHPLACE: Missouri
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 10th.

Number of children, of this mother, now living, including present birth: 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No attendant

(Physician or Midwife)

Given names added from a supplemental report

____, 19____

Address Princeton, Idaho

Filed Aug. 26 1912

____ Registrar

J. M. Thurgood M.D. Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

JAN 3 1 1977

415-104-029-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Potlatch

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16

File No. 7864

Primary Registration District No. 2066

Registered No. 266

FULL NAME OF CHILD Everett H Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug. 4, 1912

FATHER	MOTHER
FULL NAME: Elmer H Davis	FULL MAIDEN NAME: Helen L Smith
RESIDENCE: Princeton, Idaho	RESIDENCE: Princeton, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2nd

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. [illegible]

(Physician or Midwife)

Address Princeton, Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Aug 25th 19 12. D. W. Thompson Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

NOV 5 1974

264-1/6-029-596

PLACE OF BIRTH

County of Latah

City of Potlatch

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15 File No. 7865

Primary Registration District No. 2066 Registered No. 267

FULL NAME OF CHILD William J Bourosa

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	8, 16, 1912

FATHER		MOTHER	
FULL NAME	William J. Bourosa	FULL MAIDEN NAME	Lucie Violette
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Potlatch
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. S. LeBard M D

(Physician or Midwife)

Address Potlatch Ida

Filed Aug 25th 1912 D. J. M. Murphy Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 1 8 1976

025-228-029-236

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Troy

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 — File No. 7866

Primary Registration District No. 2065 — Registered No. 253

FULL NAME OF CHILD Eva Irene Sletto

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Aug 28 1912

FATHER		MOTHER	
FULL NAME	Saml S. Sletto	FULL MAIDEN NAME	Rachel Jane Scott
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	N.D.	BIRTHPLACE	Mo.
OCCUPATION	Barber	OCCUPATION	House Wife

Number of child of this mother, including present birth. 3

Number of children, of this mother, now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Aug 28 1912, at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J.W. Olson

Physician
(Physician or Midwife)

Address Troy Idaho

Filed Aug 28 1912 J.W. Olson
Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

259-103-029-112

Amended 8-11-61

(Be sure the information is complete and accurate)

State File No. 7868
Local Reg. No. 255
Reg. Dist. No. 15

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Latah

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Latah

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Paul

b. (Middle): Kenneth

c. (Last): Smith

4. SEX: Male

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Aug. (Day) 3, (Year) 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Charlie

b. (Middle):

c. (Last): Smith

8. COLOR OR RACE: White

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Ohio

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Anna

b. (Middle):

c. (Last): Aakre

13. COLOR OR RACE: White

14. AGE (At time of this birth): 27 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Iowa

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: J. W. Olson

18b. ATTENDANT AT BIRTH: M. D. [x] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Troy, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Aug. 3, 1912

20. REGISTRAR'S SIGNATURE: J.W. Olson

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

If in the district where the birth occurred WITHIN 10 days after the date of birth of the child, mail to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Troy

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 7868

Primary Registration District No. 2065 Registered No. 2655

FULL NAME OF CHILD Paul Kennet Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 3 1912

FATHER		MOTHER	
FULL NAME	Charles Smith	FULL MAIDEN NAME	Anna Aabre
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Ohio	BIRTHPLACE	Winnechiek Iowa
OCCUPATION	Farmer	OCCUPATION	Home Work

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive or stillborn) on the date above stated. Born alive dur Aug 3rd 1912 at 1:20 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

.....
Registrar

(Signature) J Wolson

Physician

(Physician or Midwife)

Address Troy Idaho

Filed Aug 3 1912 J Wolson

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

AUG 11 1961

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Latah } ss.

Certificate No. 7868

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Paul Kennet Smith (Name on Original Certificate) who was born (Was Born or Died) on Aug. 3, 1912 (Date of Event)
in Troy, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on July 7, 1961 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Paul Kennet Smith	Paul Kenneth Smith

Subscribed and sworn to before me this 13 day of July, 1961

Notary Public, residing at Troy Idah
My commission expires 8-1-1961
(Seal)

Signed Walter Olson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Troy Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Latah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of July, 1961

Notary Public, residing at Troy Idah
My commission expires 8-1-1961
(Seal)

Signed Ross E Smith
(Signature of Any Credible Person)

Troy Idaho
(Street Address, City, State)

FORM DH 60-155

CL 2-9-61. one copy pd. receipt #12007.

Church Certificate of Confirmation, June 2, 1929 Trinity Church, Troy, Idaho gives full name of child as Paul Kenneth Smith, born Aug. 3, 1912, cert. has been signed by K.A. Bodin, pastor - viewed by V.S.

Own Child's Birth Cert. on file: (Idaho Birth) #382752 gives full name of father as Paul Kenneth Smith - viewed by V.S.

168403: 029813

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Troy

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7869

Registration District No. 15 File No. ____

Primary Registration District No. 2065 Registered No. 256

FULL NAME OF CHILD Archer Fredolf Johnson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	2	Yes	Aug 3 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	August M. Johnson	Tekla E Hallner
RESIDENCE	Troy Idaho	Troy Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	49	35
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Aug 3 1912, at 1:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Tolson

Physician

(Physician or Midwife)

Address Troy Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug 3 1912 J W Tolson

Registrar

Registrar

SVMS - YORK CO., PTRS. & BDRS. 17326

JUL 2 2 1976

168-103-029-813

Form V. S. No. 11-C—10m-8-7-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Troy

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15 File No. 7870

Primary Registration District No 2065 Registered No. 257

FULL NAME OF CHILD Albert Rudolph Johnson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)	1	Yes	Aug 3 1912

FATHER		MOTHER	
FULL NAME	August M. Johnson	FULL MAIDEN NAME	Tekla E. Hallner
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. born alive aug 3 1912 at 1 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J.W. Olson

Physician

(Physician or Midwife)

Address Troy Idaho

Filed aug 3 1912 J.W. Olson

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MAY 1 3 1975

794-201-029-796

PLACE OF BIRTH

County of Latah

City of Troy

No. ____, ____ St.

Hospital ____

· Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 7871

Primary Registration District No. 2065 Registered No. 258

FULL NAME OF CHILD Maggie Madeline Pruyne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Aug 1st 1912

FATHER	MOTHER
FULL NAME Fred W. Pruyne	FULL MAIDEN NAME Alvina M. Grady
RESIDENCE Troy Idaho	RESIDENCE Troy Idaho
COLOR White AGE AT LAST BIRTHDAY 32 (Years)	COLOR White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Pa.	BIRTHPLACE Norway
OCCUPATION Teamster for Sawmill	OCCUPATION House Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Aug 1st 1912, at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

.....
Registrar

(Signature) J. W. Olson

Physician

(Physician or Midwife)

Address Troy Idaho

Filed Aug 1 1912 J. W. Olson
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING...

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

795-231-029-859

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lytah

City of Troy

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15 File No. 7872

Primary Registration District No 2065 Registered No. 252

FULL NAME OF CHILD Dorothy Naomi Green

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Aug 31 1912

FATHER	MOTHER
FULL NAME Frank M. Green	FULL MAIDEN NAME Rita Coral Herbert
RESIDENCE Troy Idaho	RESIDENCE Troy Idaho
COLOR White AGE AT LAST BIRTHDAY 50 (Years)	COLOR White AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Ill.
OCCUPATION Miller	OCCUPATION Home wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive aug 31 1912 at 7 9* M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Olson

Physician

(Physician or Midwife)

Address Troy Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug 31 1912 J. W. Olson

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

AUG 17 1942

238-125-029238

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Near Kendrick

No ____, ____ St.

Hospital ____

Registration District No 15 File No. 7873

Primary Registration District No. 2064 Registered No. 240

FULL NAME OF CHILD not named lived 10 hrs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	8 25 1912

FATHER		MOTHER	
FULL NAME	Jos Schultz	FULL MAIDEN NAME	Alvina Schley
RESIDENCE	Near Kendrick	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Minn -	BIRTHPLACE	Ills
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Hoyt M D

(Physician or Midwife)

Address Kendrick Ida

Given names added from a supplemental report

....., 19.....

Filed Aug 25 1912 J E Hoyt Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

658-108-029967

PLACE OF BIRTH

County of Latah

City of near Kendrick

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 7874

Primary Registration District No. 2064 Registered No. 241

FULL NAME OF CHILD Lorence Homer Wehtje

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Aug 8 191

FATHER		MOTHER	
FULL NAME	Ernest W Wehtje	FULL MAIDEN NAME	Edna Rogers
RESIDENCE	near Kendrick	RESIDENCE	same
COLOR	white	COLOR	W
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Sweden	BIRTHPLACE	N.Y.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 9 M. on the date above stated.

(Signature) John E. Hoyt M.D.

(Physician or Midwife)

Address Kendrick Ida

Filed Aug 8 19 17 J E Hoyt Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

cc 9/21/40

PTA

Amended 1/20/72

669-205 10294 19

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 7875
Local Reg. No.
Reg. Dist. No. 15

1. PLACE OF BIRTH
a. COUNTY: Latah
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kendrick
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Latah
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kendrick
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Margaret
b. (Middle):
c. (Last): Forsman

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
F	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Aug. 5, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): George
b. (Middle):
c. (Last): Forsman

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
32 YEARS	Illinois	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Nellie
b. (Middle):
c. (Last): Martin

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
30 YEARS	Michigan	4		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. A. Rothwell, M. D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Kendrick, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Aug. 24, 1912

22. REGISTRAR'S SIGNATURE: J. E. Hoyt

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 7875

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Margaret Forseman (Name on Original Certificate) who was born (Was Born or Died) on Aug. 5, 1912 (Date of Event)
in Kendrich, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Records (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's last name	Forseman	Forsman
Father's last name	Forseman	Forsman

Subscribed and sworn to before me this 6th day of January, 1972.

Law R. Bennett

Notary Public, residing at Lewiston, Idaho

My commission expires May 16, 1974

(Seal)

Signed Alice (Forseman) Carpenter (Sister)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lapwai, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Nez Perce } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of January, 1972.

Law R. Bennett

Notary Public, residing at Lewiston Id

My commission expires May 16, 1974

(Seal)

Signed Clinton A. Forsman
(Signature of Any Credible Person)

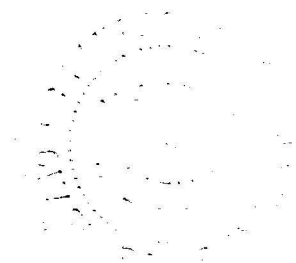
2215 8th Ave Lewiston Id
(Street Address, City, State)

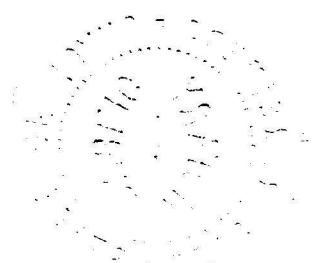
FORM DH 60-155 CL 1/3/72 nm

Marriage Certificate from Idaho gives groom's name as Richard E. Lee and the birde's name as Margaret Forsman. Dated Oct. 19, 1935. Performed by Orval D. Peterson of the First Christian Church, Lewiston, Idaho. Viewed by V. S.

Report card from Rosetta Public School, Nez Perce County, Idaho gives name as Margaret Forsman. Dated Sept. 3, 1923. for the school year 1923-1924. Viewed by V. S.

Brother's certif. on file in Idaho (State file No. 330905) gives name as Clinton Albert Forsman born Sept. 9. 1903. Father's name as George Forsman and mother's name as Nellie Margaret. Fileed Jan 22, 1942. Viewed by V. S.





MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 7875

Primary Registration District No. 2064 Registered No. 242

FULL NAME OF CHILD Margaret Foreman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Aug 5 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Foreman	Nellie Martin
RESIDENCE	Near Kendrick Ida	same
COLOR	White	W.
AGE AT LAST BIRTHDAY (Years)	32	30
BIRTHPLACE	Ill	Mich
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M D

(Physician or Midwife)

Address Kendrick Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Aug 24 1912 J. E. Hoyt
Registrar

S-Y CO., 16670

JAN 2 0 1972

253-204-02961/2

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 7876

Primary Registration District No. 2064 Registered No. 243

FULL NAME OF CHILD Oleine Bella

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Aug 4, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Thomas Bella	Blanche Oakes
RESIDENCE	Kendrick Ida	Kendrick Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	28
BIRTHPLACE	Conn.	Kendrick Ida
OCCUPATION	Laborer	housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M.D.

(Physician or Midwife)

Address Kendrick Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug 27 1912 J. E. Hoyle

Registrar

S-Y CO., 16670

Registrar

APR 13 1942

415-220-229-217

Amended 3/24/12

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15 File No. 7877

Primary Registration District No. 2064 Registered No. 244

FULL NAME OF CHILD Gwenyth Lenore Davies

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Aug 30th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Bowes Davies	Leonora Brigitta Baglien
RESIDENCE	Kendrick Idaho	Kendrick Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	23
BIRTHPLACE	London England	Hillsboro North Dakota
OCCUPATION	Banker	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M.D. (Physician or Midwife)

Address Kendrick Idaho

Given names added from a supplemental report

Sept 1, 19 12

J. E. Hoyt Registrar

Filed Sept 1 19 12

J. E. Hoyt Registrar

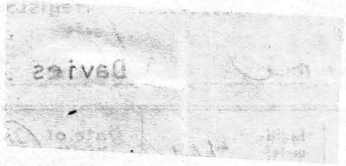
S-Y CO. 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 1943



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ ss. Certificate No. 7877

County of _____ RECEIVED BUREAU OF VITAL STATISTICS Date Filed 2/22/72

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Gwenyth L. Davis (Name on Original Certificate) who Born (Was Born or Died) on August 20, 1912 (Date of Event)

in Kendrick, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on ~~February 25, 1972~~ 8/6/74 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Davis	Davies

Subscribed and sworn to before me this 25 day of February, 19 72

Susan J. Wells

Notary Public, residing at Los Angeles

My commission expires _____ (Seal)

Signed Leonora B. Davies (MOTHER)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

OFFICIAL SEAL
SUSAN J. WELLS
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires Feb. 10, 1975

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(This Affidavit **MUST** Also be Executed. (Chapter 139, 1937 Idaho Session Laws.)]

State of Calif

County of Los Angeles

The undersigned does solemly swear that to his knowledge the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of FEB. 19 72

THE UNDERSIGNED

Notary Public, residing at Los Angeles Calif

My commission expires _____ (Seal)

OFFICIAL SEAL
DORIS DANIELS
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires July 28, 1974

Signed Vivian L. Brubaker
(Signature of Any Credible Person Other Than Previous Year)

5723- Hunting ton Drive North

(Street Address, City, State)

Los Angeles, Calif 90032

Certif[illegible]ptism fromLutheran Church gives name as Gwenyth Lenore Davies - father's [illegible]en as William B. Davies and Mother's name as Leanore B. Davies Born Aug. 20, 1912 at Kendrick, Idaho. Was Baptized Aug. 6, 1924. Viewed by V. S.

MAR 24 1972

Junior High School Diploma from Las Angeles City Schools gives name as Gwenyth L. Davies. Dated May 2, 1928. Viewed by V. S.

AMENDED 11-13-57

PLACE OF BIRTH

143-206-029-238

County of Latah

City of Genesee

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 7878

Primary Registration District No. 2063 Registered No. 248

FULL NAME OF CHILD Rosalia Barbara Jutte

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	August 6, [redacted] 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	B. H. Jutte	FULL MAIDEN NAME	Louise Scharnhorst
RESIDENCE	Country	RESIDENCE	Country
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Ehlen

Physician (Physician or midwife)

Address Genesee

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 8-7-1912 [redacted] W. H. Ehlen Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 7878

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Barbara Jutte (Name on Original Certificate) who born (Was Born or Died) on 8-6-12 (Date of Event)
in Genesee (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Cert. of Baptism (Bible Record, Insurance Policy, Etc.) prepared on Sept. 22, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Barbara Jutte	Rosalia Barbara Jutte

School Record - 1920-1921 viewed by v.s.

Subscribed and sworn to before me this 5 day of Feb., 19 57

Leonard C. Springer
Notary Public, residing at Genesee Idaho
My commission expires Aug 25, 1959
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Barney L Jutte
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of Feb., 19 57

Leonard C. Springer
Notary Public, residing at Genesee Idaho
My commission expires Aug 25th 1959
(Seal)

Signed Louise J Jutte
(Signature of Any Credible Person)
632 Blvd Clarkston Wn
(Street Address, City, State)

FORM DPH 55. 155

CL 10-1-57 rm

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15

File No. 7878

Primary Registration District No. 2063

Registered No. 248

FULL NAME OF CHILD Barbara Tuttle

Sex of Child: F

Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of birth: 8 (Month) 6 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	B. N. Tuttle	FULL MAIDEN NAME	Louie Edwardson
RESIDENCE	Country	RESIDENCE	Country
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Ehrenberg

(Physician ~~or Midwife~~)

Address Genesee

Given names added from a supplemental report

....., 19.....

Registrar

Filed 8-7 19 12 W. T. Ehrenberg

Registrar

S-Y CO., 18670

JUL 1 1957

NOV 26 1957

NOV 25 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

319-110-029-569

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Genesee

No ——, —— St.

Hospital ——

Registration District No 15 File No 7879

Primary Registration District No 1062 Registered No 249

FULL NAME OF CHILD Elmo Kiefer Larson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	\	\	Yes	Aug 10 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hans C. Larson	Lilly Nordby
RESIDENCE	Genesee Idaho	Genesee Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	25	22
BIRTHPLACE	Latah. Idaho	Iowa
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. McCall

Physician (Physician or Midwife)

Address Genesee Idaho

Given names added from a supplemental report

....., 19.....

Filed 8-11 1912 W. H. Eaken

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

JUN 24 1947

753-11-0299-867

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Genesee

No ——, ——— St.

Hospital ——

Registration District No 13 File No. 7880

Primary Registration District No 2063 Registered No. 230

FULL NAME OF CHILD Clifford Levine Peterson

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
male	\		\	Yes	aug 11 (Month) (Day) 191? (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John L. Peterson	FULL MAIDEN NAME	Annie Hagan
RESIDENCE	Genesee Idaho	RESIDENCE	Genesee Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Norway
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. M. Mccall
Physician
(Physician or Midwife)

Address Genesee Idaho.

Filed 8-12 1912 W. T. Eaken
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—10m-8-7-11

44-225-029-281

PLACE OF BIRTH

County of Utah

City of Genesee

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 7881

Primary Registration District No. 2062 Registered No. 257

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	8 25 1912

	FATHER	MOTHER
FULL NAME	W E Duffy	Ethel Franks
RESIDENCE	Farmer	Farm
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	22
BIRTHPLACE	Utah	Mich
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Eckes MD

(Physician or Midwife)

Address Genesee

Given names added from a supplemental report

....., 19.....

Filed 8 26 1912 W M Eckes

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

517-195-029-663

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Amended 11/4/74

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7882

County of Latah

City of Near Palouse

Registration District No 15 File No.

No ....., ... St.

Primary Registration District No. 2062 Registered No. 238

Hospital .....

FULL NAME OF CHILD Vincent Rex Nagle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Apr 6 1912

FATHER		MOTHER	
FULL NAME	John Lawrence Nagle	FULL MAIDEN NAME	Emma Blanche Wolhete
RESIDENCE	Latah County	RESIDENCE	Latah County
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Grand Forks Co. N. Dak.	BIRTHPLACE	Latah Co. Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Wilson Anderson

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Palouse

Filed May 10 1912 D. F. Rae

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 10 11 32 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Whitman }

Certificate No. 7882

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Rex Nagle (Name on Original Certificate) who was born (Was Born or Died) on Aug. 5, 1912 (Date of Event)
in Latah County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother's report (Bible Record, Insurance Policy, Etc.) prepared on Sept. 1 - 74 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Rex Nagle	Vincent Rex Nagle

Subscribed and sworn to before me this 3rd day of September 19 74

Hazel T. Troop
Notary Public, residing at Palouse
My commission expires Mar. 27, 1976
(Seal)

Signed Blanche Nagle (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Palouse Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Whitman }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

Knew family time of birth

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of September 19 74

Hazel T. Troop
Notary Public, residing at Palouse
My commission expires Mar. 27, 1976
(Seal)

Signed Ruth Wysong
(Signature of Any Credible Person)

Palouse, Wash
(Street Address, City, State)

FORM DH 60-155 CL 7/2/74 lbc pd. rec. # 10876

Insurance card from Nationwide gives name as Vincent Rx Rex Nagle. Policy No. 72-116-318. viewed by V. S.

NOV 12 1974

Withholding Statement form for 1967 gives name as Vincent Rex Nagle. worked for Casey Farms, Inc. Box 72, Eureka, WA 99331. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

114 John 9352

Form V. S. No. 11-C—15m-6-20-11

[redacted] tics

County of Latah

CERTIFICATE OF BIRTH

City of Moscow

Registration District No. 15

File No. 7883

No. ....., ... St.

Primary Registration District No. 2862

Registered No. 233

Hospital .....

FULL NAME OF CHILD Kent Paulson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		3rd	yes	Aug 4th, 1912

	FATHER	MOTHER
FULL NAME	Olaf Paulson	Karen Lessen
RESIDENCE	Near Moscow	Near Moscow
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	31
BIRTHPLACE	Minnesota	Norway
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Leitch M.D.

(Physician or Midwife)

Address Moscow Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug 6 1912 D. F. Rae

S-Y CO., 16670

Registrar

Registrar

JAN 17 1942

JAN 29 1942

FEB 9 1942

JUL 10 1942

MAY 25 1945

DEC 10 1941

MAR 28 1973

259-120-02366

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

7884

Registration District No. 15 File No. ____

Primary Registration District No. 2062 Registered No. 234

FULL NAME OF CHILD Robert Harold Knighten

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Aug. 20, 1912

FATHER		MOTHER	
FULL NAME	John W. Knighten	FULL MAIDEN NAME	Ethel Lowry
RESIDENCE	Canada.	RESIDENCE	
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Colfax Wash.	BIRTHPLACE	Palouse, Whitman Co. Wash.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or still born) at 8.30 A.M. on the date above stated.

(Signature) Wm Hatfield M.D.

(Physician or Midwife)

Address Moscow

Filed Aug 25 19 12 S. F. Kar Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 5 1975

691-120-029395

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 7885

Primary Registration District No. 2062 Registered No. 255

FULL NAME OF CHILD Thelma Olive Frazier

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Aug. 20, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Frazier	Agnes Finn
RESIDENCE	Moscow Idaho	
COLOR	white	
AGE AT LAST BIRTHDAY (Years)	22	21
BIRTHPLACE	Latah Co. Idaho.	Pickto Colorado.
OCCUPATION	Farmer	

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3.30 P.M. on the date above stated.

(Signature) W M Canfield M.D.

(Physician or Midwife)

Address Moscow

Filed Aug 24 19.....

D F Rae
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-0 [illegible] 8-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

863-102 (029294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 7886

Primary Registration District No. 2062 Registered No. 245

FULL NAME OF CHILD William Veril Holbrook

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Sept 2 1912

FATHER	MOTHER
FULL NAME Roy H. Holbrook	FULL MAIDEN NAME Edna Alberta A. Simon
RESIDENCE Near Viola	RESIDENCE Near Viola
COLOR W AGE AT LAST BIRTHDAY 23 (Years)	COLOR W AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Minn
OCCUPATION Farmer	OCCUPATION H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 P. M. on the date above stated.

(Signature) Joseph Aspray

(Physician or midwife)

Address Moscow

Filed Aug 25 19 12 S. F. Rae Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

19 ____

Registrar

S-Y CO. 20174

FEB 27 1942

2 FILE DATE

Form V. S. No. 27B—1M-6-20-11.

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

78 Yukon

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City ... Moscow

Street and House No. ...

County ... Latah

Registered Number, ... 245

Registration District No. ... 15

Sex of Child ... Male

Date of Birth, ... Feb (Month) 7 (Day) 1912 (Year)

Full Name of Father ... Fred Roy Holbrook

Full Maiden Name of Mother ... Edna Simon

I HEREBY CERTIFY that the child described herein has been named:

William Virl Holbrook

(Given name in full) (Surname)

as reported by Roy Holbrook

(Father ~~or Mother~~)

D F Rae

(Local Registrar)

S-Y CO. 18659

553- 225 1029-395

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 7887

Primary Registration District No. 1008 Registered No. 247

FULL NAME OF CHILD Harriet Wilhelmina Nelson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 25 1912

	FATHER	MOTHER
FULL NAME	Adolph Nelson	Emma Elizabeth Lindquist
RESIDENCE	Mullen Ida	Mullen
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	24
BIRTHPLACE	Sweden	Mass
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. F. Ray

D Ray

(Physician or midwife)

Address Moscow

Given names added from a supplemental report

..... 19.....

Filed Aug 25 12 19..... D. F. Ray

..... Registrar

S-Y CO. 20174

..... Registrar

219-111-024691

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 — File No. 7888

Primary Registration District No. 1008 — Registered No. 246

FULL NAME OF CHILD John Bethan Barackman

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Aug 11 1912

FATHER	MOTHER
FULL NAME J. P. Barackman	FULL MAIDEN NAME Alberta Franklin
RESIDENCE Moscow	RESIDENCE Moscow
COLOR W — AGE AT LAST BIRTHDAY 49 (Years)	COLOR W — AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Indiana
OCCUPATION Teacher	OCCUPATION H. W.

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 A. M. on the date above stated.

(Signature) Joseph Ashmay

(Physician ~~or midwife~~)

Address Moscow

Filed Aug 30 1912 — E. F. Rae, Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1912-215105

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

6131-9-029-695

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 7889
Local Reg. No.
Reg. Dist. No. 15

Amended 5/4/76

1. PLACE OF BIRTH
a. COUNTY: Latah
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Moscow
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Latah
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Moscow
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Ralph
b. (Middle): Edward
c. (Last): Wallen

4. SEX: Male

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Aug. 19, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Frank
b. (Middle): W.
c. (Last): Wallen

8. AGE (At time of this birth): 46 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Sweden

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Anna
b. (Middle):
c. (Last): Frei

13. AGE (At time of this birth): 35 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Kan.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 4
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. N. Clarke

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Moscow

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Aug 28, 1912

22. REGISTRAR'S SIGNATURE: D. F. Rae

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 19 11 01 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 7889

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ralf Frances Wallen (Name on Original Certificate) who was born (Was Born or Died) on Aug 19, 1912 (Date of Event)
in Moscow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Ralf Frances Wallen	Ralph Edward Wallen
mother's name	AnnaFrei ← correct →	Anna Frei

Subscribed and sworn to before me this 15 day of April, 19 76

Notary Public, residing at Moscow, Idaho
My commission expires June 1977
(Seal)

Signed Harry W. Wallen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

724½ White Ave. - Moscow, Idaho 83843
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of April, 19 76

Notary Public, residing at Moscow, Idaho
My commission expires June 1977
(Seal)

Signed Clarance E. Flegel
(Signature of Any Credible Person)

409 East E - Moscow, Idaho 83843
(Street Address, City, State)

FORM DH 60-155

CL 4/5/76 lcc pd. rec. # 9503

Family Bible record gives name as Ralph Edward Wallen born August 19, 1912. viewed by V. S.

Cradle Roll certificate gives names Ralph E. Wallen born Aug 19, 1912 Enrooled Jan 24, 1915. viewed by V. S.

Honorable Discharge from the Army gives name s Ralph E. Wallen. born Aug 19, 1912 at Moscow, Idaho. date of Separation Oct 12, 1945. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Moscow

No ....., ... St.

Hospital .....

Registration District No 13

Primary Registration District No 1008

File No. 7889

Registered No. 236

FULL NAME OF CHILD Ralf Frances Wallen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Aug 19 1912

FATHER		MOTHER	
FULL NAME	Frank W. Wallen	FULL MAIDEN NAME	Anna Frei
RESIDENCE	Moscow	RESIDENCE	~~Moscow~~
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Kan.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 11-30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. N. Clarke

(Physician or ~~Midwife~~)

Address Moscow

Filed Aug 24 19 12

L. H. Rae Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

APR 5 1976

MAY 4 1976

613-120-029 955

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Hospital Gritman

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15

Primary Registration District No. 1008

File No. 7890

Registered No. 230

FULL NAME OF CHILD John Allen Walsh

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Aug. 20 1912.

FATHER		MOTHER	
FULL NAME	John Walsh	FULL MAIDEN NAME	Marie Iverberg.
RESIDENCE	Moscow, Ida.	RESIDENCE	Moscow, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33.
BIRTHPLACE	Washington	BIRTHPLACE	Norway.
OCCUPATION	Locomotive Engineer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3.

Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at ____ M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman M.D.

Physician
(Physician or midwife)

Address Moscow, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Aug 28 19 12 S. F. Rae
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—2000-3-10-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

713-126-029-343

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Hospital Gritman

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 7891

Primary Registration District No. 1008 Registered No. 229

FULL NAME OF CHILD George Oulton Gale

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug. 26 1912

FATHER

FULL NAME: Frank Gale

RESIDENCE: Palouse, Wn.

COLOR: White AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Wisconsin

OCCUPATION: Laborer.

MOTHER

FULL MAIDEN NAME: Letia Oulton.

RESIDENCE: Palouse, Wn.

COLOR: White AGE AT LAST BIRTHDAY: 23. (Years)

BIRTHPLACE: Washington

OCCUPATION: Housewife.

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman

Physician.

(Physician or midwife)

Address Moscow

Given names added from a supplemental report

....., 19.....

Filed Sept. 5 1912 D. F. Rae Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 17 1960

Form V. S. No. 27B—1M-6-20-11.

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

7891

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Moscow

Street and House No.

County Latah

Registered Number, 229

Registration District No. 15

Sex of Child male

Date of Birth, Aug (Month) 26 (Day) 191 2 (Year)

Full Name of Father Frank Gale

Full Maiden Name of Mother Lilia Cullon

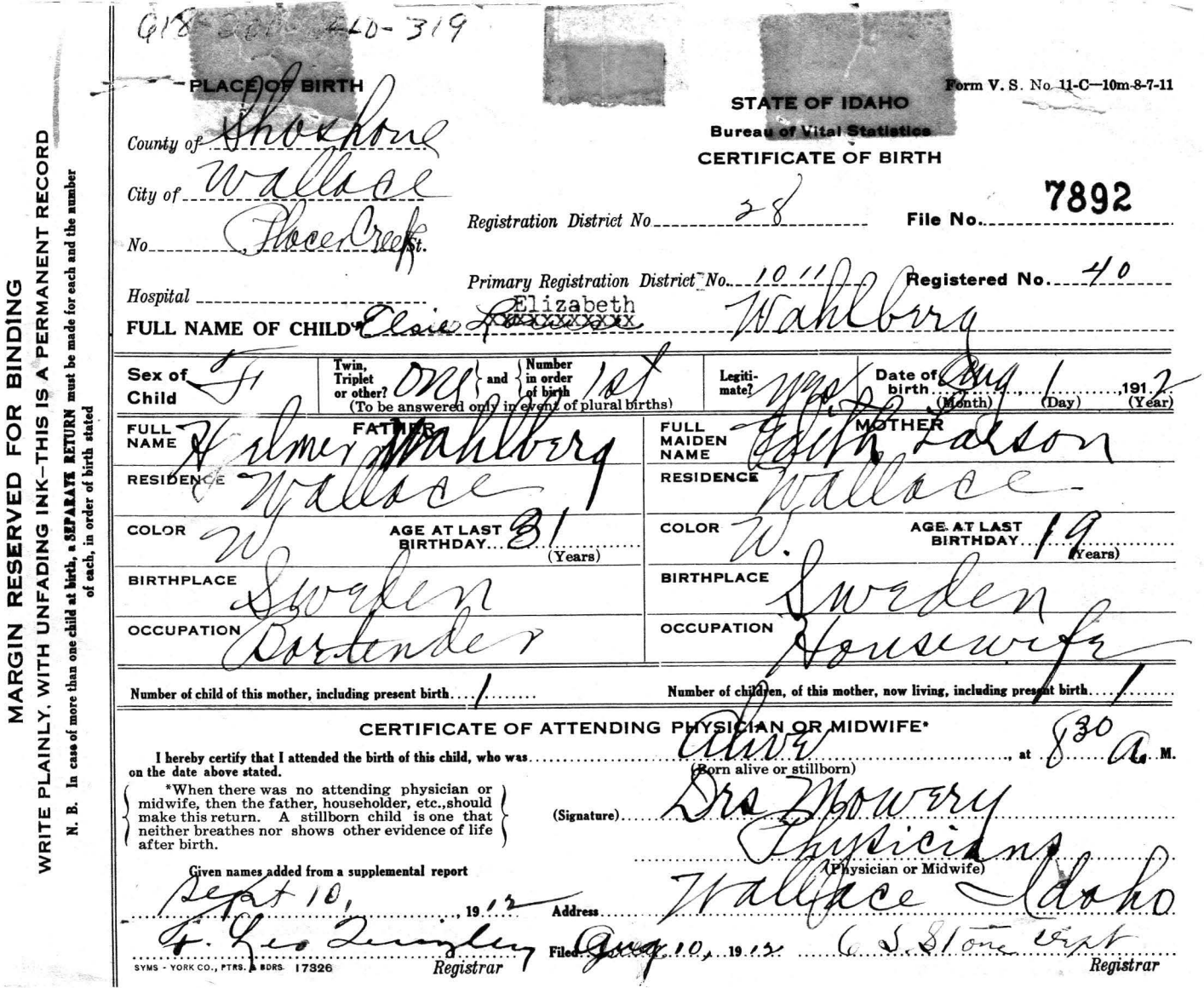
I HEREBY CERTIFY that the child described herein has been named:

Geo Cullon Gale
(Given name in full) (Surname)

as reported by Frank Gale
(Father ~~or Mother~~)

S F Rae
(Local Registrar)

S-Y CO. 18659



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. Placer Creek St.

Hospital

Registration District No. 28 File No. 7892

Primary Registration District No. 10 11 Registered No. 40

FULL NAME OF CHILD Elsie Elizabeth Wahlberg

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
F	One	1st	Yes	Aug 1, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Hilmer Wahlberg	FULL MAIDEN NAME Edith Edson
RESIDENCE	Wallace	RESIDENCE Wallace
COLOR	W	COLOR W.
AGE AT LAST BIRTHDAY	31 (Years)	19 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE Sweden
OCCUPATION	Bartender	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowry

Physician

(Physician or Midwife)

Address Wallace Idaho

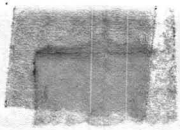
Given names added from a supplemental report

Sept 10, 1912

E. Leo Langley Registrar

Filed Aug 10, 1912 C. S. Stone Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



JAN 1 1 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of San Mateo } ss.

Certificate No. 7892
Date Filed Feb. 26, 1945

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Elsie Louise Wahlberg (Name on Original Certificate) who Was Born (Was Born or Died) on Aug. 1, 1912 (Date of Event)
in Wallace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Aug 30, 1925 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Elsie Louise	Elsie Elizabeth Wahlberg

Subscribed and sworn to before me this 26th day of February, 1945
Martha Green
Notary Public, residing at Burlingame Calif.
My commission expires My Commission Expires Feb. 21, 1948
(Seal)

Signed Olga Wahlberg
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1325 Paloma Ave., Burlingame, Calif.
(Street Address, City, State)

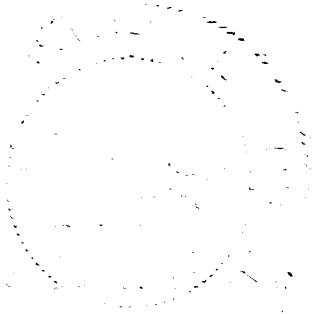
SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of San Mateo } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 26th day of February, 1945.
Martha Green
Notary Public, residing at 1467 Cabrillo Burlingame
My commission expires
(Seal) My Commission Expires Feb. 21, 1948 Calif.

Signed Hulda Carlson
(Signature of Any Credible Person)
820 E Street
(Street Address, City, State)
Coeur d Alene Idaho.



MAR 6 1945

JUL 5

154-103-040-632

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ____, River St.

Hospital ____

Registration District No. 28 File No. 7893

Primary Registration District No. 101 Registered No. 41

FULL NAME OF CHILD ____ Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One	2nd	Yes	Aug 3, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas Anderson	Mary Olson
RESIDENCE	Wallace	Wallace Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	31
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Saloonkeeper	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physician

(Physician or Midwife)

Address Wallace, Ida.

Given names added from a supplemental report

....., 19.....

Filed July 10 1912 C. S. Stone Dpt

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

DEC 3 1944

381-109-040-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Wallace

No _____ St.

Hospital Providence

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 28 File No. 7894

Primary Registration District No 1011 Re[redacted] 42

FULL NAME OF CHILD Thomas William Thayer

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Male	One (To be answered only in event of plural births)	4th	Yes	Aug 9 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Thos. Thayer	FULL MAIDEN NAME	Rose Carson
RESIDENCE	Saltese, Montana	RESIDENCE	Saltese, Montana
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Minnesota
OCCUPATION	Drayman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Howey

Physician

(Physician or Midwife)

Address Wallace Ida.

Given names added from a supplemental report

Sept. 4, 1913

J. Leo Dunphy
Registrar

Filed Aug 10, 1913

E. S. Stone
Registrar

SVMS - YORK CO., PTRS. & BDRS. 17326

MAR 23 1948

343-205-040263

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 7895

Primary Registration District No. 1011 Registered No. 43

FULL NAME OF CHILD Helen Louise Lucas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	One	1st	Yes	Aug. 5, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Lucas	Josephine Bolgar
RESIDENCE	Wallace	Wallace
COLOR	W	W
AGE AT LAST BIRTHDAY	28 (Years)	25 (Years)
BIRTHPLACE	New Brunswick	Wardner Ida
OCCUPATION	Clothier	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physician

(Physician or Midwife)

Address Wallace Ida

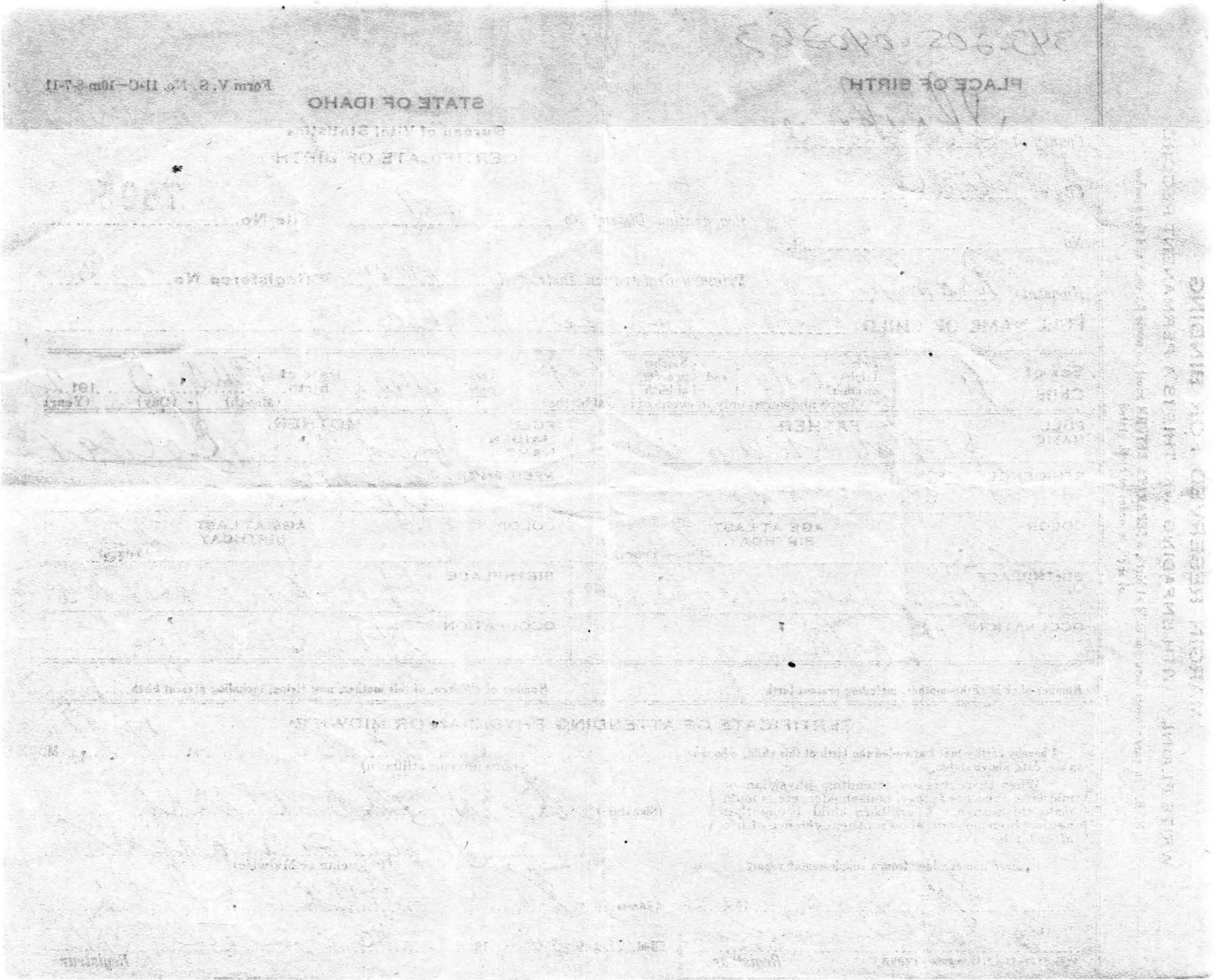
Given names added from a supplemental report

Sept. 6, 1912

E. Leo Lemley Registrar

Filed Aug. 12, 1912 E. S. Stone Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826



343-22-040-866

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Wallace

No 4, 4 St.

Hospital

Registration District No 28 File No. 7896

Primary Registration District No. 10 Registered No. 44

FULL NAME OF CHILD Mary Melissa Tuttle

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
F	one (To be answered only in event of plural births)	1st	yes	Aug 20 (Month) (Day) 191 2 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Austin Tuttle	Bertha Ethel Howe
RESIDENCE	Wallace Ida	Wallace Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	19
BIRTHPLACE	Kentucky	Missouri
OCCUPATION	Brakeman	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9a M. on the date above stated.

(Signature) Drs Mowery & Mowery

(Physician or Midwife)

Address Wallace Idaho

Filed Aug. 29, 1912 E. Lee Langley Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

1896

195-223-040-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Wallace Ida

Registration District No. 28 File No. 7897

No. ____, ____ St.

Hospital ____ Primary Registration District No. 884 Registered No. 945

FULL NAME OF CHILD Annie Matilda Arnhold.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	One	1st	Yes	Aug 28, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Anton Arnhold	Hannah Johnson
RESIDENCE	Old Mission Idaho	Old Mission, Ida
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	35	24
BIRTHPLACE	Germany	Sweden
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery Physicians

(Physician or Midwife)

Address Wallace Ida

Given names added from a supplemental report

....., 19.....

Filed Aug 29 1912 E. Leo Hensley

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

MAR 1 7 1967

884-117-036-893

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Stone

No ....., ... St.

Registration District No 18 File No. 7898

Primary Registration District No. 2071 Registered No. 325

Hospital .....

FULL NAME OF CHILD Lester William Hyde

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug. 17, 1912

FATHER		MOTHER	
FULL NAME	Lester Hyde	FULL MAIDEN NAME	Pearl Hickman
RESIDENCE	Blue Creek Ida	RESIDENCE	Blue Creek Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Farmer	OCCUPATION	None

Number of child of this mother, including present birth Two

Number of children, of this mother, now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6-00 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rhoda B. Larkin

Midwife Snowville Utah

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Sept 9 19 12 D C Kay

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

693-102-1036-342

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7899

County of Owyhee

City of Malad

Registration District No. 18 File No.

No. ....., ... St.

Primary Registration District No. 1969 Registered No. 27

Hospital .....

FULL NAME OF CHILD Farral L. Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	and		yes	8 2 1912

	FATHER	MOTHER
FULL NAME	Junius Williams	FULL MAIDEN NAME Elizabeth Lusk
RESIDENCE	Malad City	RESIDENCE same
COLOR	white	COLOR Wh
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Idaho
OCCUPATION	sheepman	OCCUPATION housewife

[Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or Midwife)

Address Malad City Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug 10 1917 D C Ray

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

893-108-036551

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No ....., ... St.

Hospital .....

Registration District No 18 File No 7900

Primary Registration District No 2069 Registered No. 328

FULL NAME OF CHILD Mathew Hill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Aug 8, 1912

FATHER		MOTHER	
FULL NAME	Edward N Hill	FULL MAIDEN NAME	Annie Evans
RESIDENCE	Malad R T D	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Same

[Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 8:20 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD

(Physician or Midwife)

Address Malad City Idaho

Given names added from a supplemental report

....., 19.....

Filed 8-20 1912 D C Ray

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

993.111.036-386

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No ____, ____ St.

Hospital ____

Registration District No 18

Primary Registration District No 7069

File No 7901

Registered No 329

FULL NAME OF CHILD Mayo Palmer Richards

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 11, 1912

FATHER		MOTHER	
FULL NAME	James E Richards	FULL MAIDEN NAME	Pearl Thompson
RESIDENCE	Malbrook, Idaho	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	same

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 38 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD

(Physician or Midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19....

Registrar

Filed Aug 20 19 17 D C Ray Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF

County of Twin

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Given names added from a supplemental report

Mailed Aug 28 19 17

Mailed Aug 28 19 17

Registrar

893/12.036-356

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No ____, ____ St.

Hospital ____

Registration District No 18 — File No. 7902

Primary Registration District No 269 — Registered No. 320

FULL NAME OF CHILD Ralph Still

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	8-12-1912

FATHER		MOTHER	
FULL NAME	Alex Still	FULL MAIDEN NAME	Eliza Tew
RESIDENCE	Malad RFD #1	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	England
OCCUPATION	rancher	OCCUPATION	same

[Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD (Physician or Midwife)

Address Malad City Idaho

Given names added from a supplemental report

....., 19.....

Filed 8-20 1912 D C Ray Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

DEC 29 1941

38-215-036799

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 7903

Primary Registration District No. 2069 Registered No. 331

FULL NAME OF CHILD Mary Tharpe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Aug. 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wilford Tharpe	Hannah Price
RESIDENCE	Samaria Idaho	same
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	22	22
BIRTHPLACE	Idaho	Idaho
OCCUPATION	rancher	same

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Ray M.D.

(Physician or Midwife)

Address Malad

Given names added from a supplemental report

....., 19.....

Filed Aug. 20 19 12 D. C. Ray Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

DUP OF 1912-33295

N THORPE DUP OF 1912- 33295

613-118-036-386

PLACE OF BIRTH

County of Oneida

City of Samaria

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 7904

Primary Registration District No. 2169 Registered No. 327

FULL NAME OF CHILD Lillie Waldron

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Male			Yes	Aug 18 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Gillespie Waldron	FULL MAIDEN NAME	Eliza Thomas
RESIDENCE	Samaria Idaho	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	same

[Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Ray M.D.

(Physician or Midwife)

Address Malad

Given names added from a supplemental report

....., 19.....

Filed Aug. 20 1912 D. C. Ray Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

219-229-03643

PLACE OF BIRTH

County of Oneida

City of Malbroak

No ....., ... St.

Hospital .....

Form V. S. No. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 File No. 7905

Primary Registration District No. 2069 Registered No. 316

FULL NAME OF CHILD Irussa Louisa Barney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 29th 1912

	FATHER	MOTHER
FULL NAME	Oliver M Barney	FULL MAIDEN NAME Mary Mc Carrie
RESIDENCE	Malbroak Idaho	RESIDENCE Malbroak Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Spanish Fork Utah	BIRTHPLACE France
OCCUPATION	Rancher	OCCUPATION housewife

[Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) .....

Lena Nelson neighbor
(Physician or Midwife)

no physician ~~nor~~ midwife present

Address .....

Filed Aug 28 1912 D. C. Ray
Registrar

SYMS - YORK CO., PTRS. & 3DRS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

293-210-076-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7906

Registration District No. 18 File No. ____

Primary Registration District No. 2069 Registered No. 308

FULL NAME OF CHILD Sarah Adelia Kilfoyle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Aug 10 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Kilfoyle	Jane Bennett
RESIDENCE	Black Pine	Black Pine
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	29
BIRTHPLACE	Utah	England
OCCUPATION	Farmer	Housewife

[Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician

(Physician or Midwife)

Address Malad

Given names added from a supplemental report

....., 19.....

Filed Sept 5 1912 D C Kay

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Registrar

MAR 2 6 1974

546-22-036697

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Elkhorn

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 7907

Primary Registration District No. 2069 Registered No. 309

FULL NAME OF CHILD Imey Edwards

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
girl		yes	July 24 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David M. Edwards	Elizabeth Wright
RESIDENCE	Elkhorn	Elkhorn
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	21
BIRTHPLACE	St. John Ida	Pleasant View Ida
OCCUPATION	Farmer	Housewife

†Number of child of this mother, including present birth. two

Number of children, of this mother, now living, including present birth. two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah A. McAllister

midwife
(Physician or Midwife)

Address St. John Ida

Given names added from a supplemental report

....., 19.....

Filed Sept 19 12 D. C. Ray
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

OCT 3 1975

253120-036133

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Oneida

City of Rockland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 7908

Primary Registration District No. 2077 Registered No. 310

FULL NAME OF CHILD Frank Neal Kelly.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	8 – 20 – 1912

FATHER	MOTHER
FULL NAME George E. Kelly.	FULL MAIDEN NAME Orpha Maria Allen
RESIDENCE Rockland Valley.	RESIDENCE Rockland Valley.
COLOR White	AGE AT LAST BIRTHDAY 44 (Years)
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE American Fork Utah	BIRTHPLACE Salls Fort Utah.
OCCUPATION Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Uetta B. Grayot

Midwife (Physician or midwife)

Address Neeley Idaho.

Given names added from a supplemental report

..... 19.....

Sept 5 1912

S-Y CO. 20174 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY

231-12-036-766

PLACE OF BIRTH

County of Oneida

City of American Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 7909

Primary Registration District No. 207V Registered No. 311

FULL NAME OF CHILD Charles Neal Blackner.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	8-22-1912

FATHER	MOTHER
FULL NAME Oloman Horace Blackner	FULL MAIDEN NAME Kathryn Myrtle Powelson
RESIDENCE American Falls	RESIDENCE American Falls
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Dayton Washington	BIRTHPLACE Mt Ayr Iowa
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Gertie Israyot

Midwife (Physician or midwife)

Address Neeley Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept 5 1912 D C Ray Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 22 1948

359-28-076-921

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. Bu. Vital Statistics

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 18

Primary Registration District No. 2072

File No. 7910

Registered No. 317

FULL NAME OF CHILD Ella Viola Leischner

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	8 28 1912

FATHER		MOTHER	
FULL NAME	John Leischner	FULL MAIDEN NAME	Tonia Isaak
RESIDENCE	Malad Idaho	RESIDENCE	Malad Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	63
BIRTHPLACE	Russia		
OCCUPATION	Farmer		
COLOR		AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE			Scotland S. Dakota
OCCUPATION			Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Stella Grayot

Midwife (Physician or midwife)

Address Malad Idaho

Filed Sept 5 1912 D C Ray Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

COLOR

AGE AT LAST BIRTHDAY (Years)

RESIDENCE

MAIDEN NAME

COLOR

AGE AT LAST BIRTHDAY (Years)

6660 04 1036 391

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Franklin

No ....., ... St.

Registration District No. 16 File No. 7912

Primary Registration District No. 2119 Registered No. 315

Hospital .....

FULL NAME OF CHILD Norma

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	L	L	Yes	Aug. 4, 191 1

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Cecil Woodward	Bertha Crandall
RESIDENCE	Franklin	Franklin Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	30
BIRTHPLACE	Franklin Ida	Springville Utah
OCCUPATION	Farmer	Housewife

[Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on Aug 4 1912 at 12 20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States M D

(Physician or Midwife)

Address Franklin Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 9 19 12 D C Clay

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

PLACE OF BIRTH

NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

STATE OF IDAHO

245-801-036-749

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Franklin

Registration District No. 18 File No. 7913

No. ____; ____ St.

Primary Registration District No. 2119 Registered No. 314

Hospital ____

FULL NAME OF CHILD Wanda Butterworth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female			yes	Aug 1 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	George Butterworth	FULL MAIDEN NAME	Clara Burnell
RESIDENCE	Franklin Idaho	RESIDENCE	Franklin W Whitney Idaho
COLOR	White	AGE AT LAST BIRTHDAY	27 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Franklin Idaho	BIRTHPLACE	W Whitney Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Aug 1 1913, at 10 20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) G W States M D
(Physician or Midwife)

Address Franklin Idaho

Filed Sept 9 1913 D E Ray
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 13 1960

713-D8 036-414

PLACE OF BIRTH

Form V. S. No. H-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Winder

No. ____ St.

Hospital Home

Registration District No. 18 File No. 7914

Primary Registration District No. 9 19 Registered No. 305

FULL NAME OF CHILD William Dean Palmer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		2	Yes	June 28 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas C. Palmer	Alta Traughn
RESIDENCE	Winder	Winder
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	25
BIRTHPLACE	Croydon Utah	Logan Utah
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive June 28, at 7 [illegible] M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

M. Midwife
(Physician or midwife)

Address Preston Oneida Co. Ida.

Given names added from a supplemental report

..... 19.....

Filed Aug 15 1912 D. [illegible] Hay
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 28 1942

D07-90178

769.107.036-219

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No. ..... St.

Hospital Home

Registration District No. 18 File No. 7915

Primary Registration District No. 2119 Registered No. 306

FULL NAME OF CHILD Theron Bartlome Porter

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		2	yes	Aug. 7 1912

FATHER		MOTHER	
FULL NAME	Ernest S. Porter	FULL MAIDEN NAME	Ida Bartlome
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Preston	BIRTHPLACE	Switzerland
OCCUPATION	Laborer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny M. Queen

Midwife

(Physician or midwife)

Address Preston Oneida Co. Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 15 1912 D. C. Kay Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Registration District No. 15 File No. 7915

CROCKETT

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

7975

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Preston
Street and House No. ____
County Oneida

Registered Number 306
Registration District No. 18

Sex of Child Male

Date of Birth, Aug. (Month) 7 (Day) 1912 (Year)

Full Name of Father: Ernest S Porter

Full Maiden Name of Mother: Ida Bartlome

I HEREBY CERTIFY that the child described herein has been named:

Thuran Bartlome Porter
(Given name in full) (Surname)

as reported by father
(Father or Mother)

D C Kay
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

312-113-036-819

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

Registration District No. 18

File No. 7916

No. ..... St.

Primary Registration District No. 2119

Registered No. 207

Hospital home

FULL NAME OF CHILD David Howard Last

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		1	yes	Aug. 13 1912

FATHER		MOTHER	
FULL NAME	Walter George David Last	FULL MAIDEN NAME	Sarah Hardesty
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Suffick England	BIRTHPLACE	London England
OCCUPATION	Dry goods clerk	OCCUPATION	home keeper

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) Aug. 13, at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

Midwife

(~~Physician or~~ midwife)

Address Preston Oneida Co. Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 15 19 12 D Ray Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

APR 1 1 1945

254-105-036-793

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Fairview

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 7917

Primary Registration District No. 219 Registered No. 316

FULL NAME OF CHILD ~~Edwin Knudson~~ Virgil Gilbert Knudson

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	~	~	Yes	Aug 5 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chris Knudsen	FULL MAIDEN NAME	Carrie Gilbert
RESIDENCE	Fairview Idaho	RESIDENCE	Fairview Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Richmond Utah	COLOR	White
OCCUPATION	Merchant	AGE AT LAST BIRTHDAY (Years)	28
		BIRTHPLACE	Richmond Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, Aug 5 1912, at 2 40 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Slates M D

(Physician or Midwife)

Address Franklin Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 9 1912 D C Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

PLACE OF BIRTH

Form V. S. No. 27B—M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

7917

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Lamereux
Street and House No.
County Kootenai

Registered Number 316
Registration District No. 18

Sex of Child Male

Date of Birth, Aug (Month) 5 (Day) 1912 (Year)

Full name of Father Chris Knudsen

Full maiden name of Mother Carrie Gilbert

I HEREBY CERTIFY that the child described herein has been named:

Wright Gilbert Knudson
(Given name in full) (Surname)

as reported by mother
(Father or Mother)

D B Kay
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

JUN 5 1972

264-213-036-235

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Fairview

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 7918

Primary Registration District No. 2119 Registered No. 317

FULL NAME OF CHILD SARAH S. BODILY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1		1	Yes	August 13 1912

FATHER		MOTHER	
FULL NAME	Chas Bodily	FULL MAIDEN NAME	Bertha Stewart
RESIDENCE	Fairview Idaho	RESIDENCE	Fairview Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Fairview Ida	BIRTHPLACE	Lewiston Utah
OCCUPATION	School teacher	OCCUPATION	School teacher

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Aug 13 1912, at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Slater M D

(Physician or Midwife)

Address Franklin Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 9 1912 D C Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Certificate named from card 12/10/42 Z.J.

DEC 10 1942

orm V. S. No. 27B-25M-12.11

7918

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Fairview
Street and House No.
County Oneida

Registered Number 317

Registration District No. 18

Sex of Child Fem

Date of Birth, Aug (Month) 13 (Day) 1912 (Year)

Full name Father Chas Bodley

Full maiden name Mother Bertha Stewart

I HEREBY CERTIFY that the child described herein has been named:

Sarah E. Bodley
(Given name in full) (Surname)

as reported by father
(Father or Mother)

D C Kay
(Local Registrar)

O STATIONERY & PRINTING CO. LTD., BOISE

NOV 22 1974

385-21-1036-318

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Oneida

City of Franklin

No ____, ____ St.

Hospital ____

Registration District No. 18 — File No. 7919

Primary Registration District No. 2119 — Registered No. 318

FULL NAME OF CHILD Nita Checkette

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	L		L	Yes	Aug 17 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Andrew C Checkets	FULL MAIDEN NAME	Dora Taylor
RESIDENCE	Franklin Ida	RESIDENCE	Franklin Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Providence Utah	BIRTHPLACE	Fairview Ida
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. Aug 17 1912 at 11 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Stalks MD

(Physician or Midwife)

Address Franklin Ida

Given names added from a supplemental report

....., 19.....

Filed Sept 9 1912

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

PLACE OF BIRTH

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

7919

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Franklin
Street and House No.
County Oneida

Registered Number 218
Registration District No. 18

Sex of Child Fem

Date of Birth, Aug (Month) 17 (Day) 1912 (Year)

Full Name — Father: Andrew Checketts

Full Maiden Name — Mother: Dora Taylor

I HEREBY CERTIFY that the child described herein has been named:

Rita (Given name in full) Checketts (Surname)

as reported by father (Father or Mother)

D. McKay (Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

NOV 1 5 1974

913-218036-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Whitney

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 7920

Primary Registration District No. 2119 Registered No. 319

FULL NAME OF CHILD Ruth Woodward Rallison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	2	2	Yes	Aug 18 1912

	FATHER	MOTHER
FULL NAME	Fred W. Rallison	Jennie Woodward
RESIDENCE	Whitney	Whitney Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	39
BIRTHPLACE	Northwick England	Franklin Idaho
OCCUPATION	Farmer	Housewife Eng School Teacher

[Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on Aug 18 1912, at 11 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) G. W. Hales M. D.
(Physician or Midwife)

Address Franklin Idaho

Filed Sept 9 1912 J. C. Kay
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

AUG 7 1973

769-220-036-753

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No ....., ... St.

Registration District No. 18 File No. 7921

Primary Registration District No. 2119 Registered No. 320

Hospital .....

FULL NAME OF CHILD Kleah Elizabeth Porter

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1		2	Yes	Aug 20 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Porter	FULL MAIDEN NAME	Mary Peterson
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Preston Ida	BIRTHPLACE	Franklin Ida
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. Aug 20 1912 at 1 25 a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Slater M D

(Physician or Midwife)

Address Franklin Ida

Given names added from a supplemental report

....., 19.....

Filed Sept 9 1912 D C Ray

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

PLACE OF BIRTH

NAME	
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)

719-22-6036-843

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Franklin

No. ____, ____ St.

Hospital ✓

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 7922

Primary Registration District No. 2119 Registered No. 321

FULL NAME OF CHILD ✓ LUCILLE HATCH PARKINSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓	2	Yes	Aug 26 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	S W. Parkinson	Ina Hatch
RESIDENCE	Franklin Ida	Franklin Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	28
BIRTHPLACE	Franklin Ida	Franklin Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Aug 26-1912, at ____ a. m., on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Stales M. D.

(Physician or Midwife)

Address Franklin Idaho

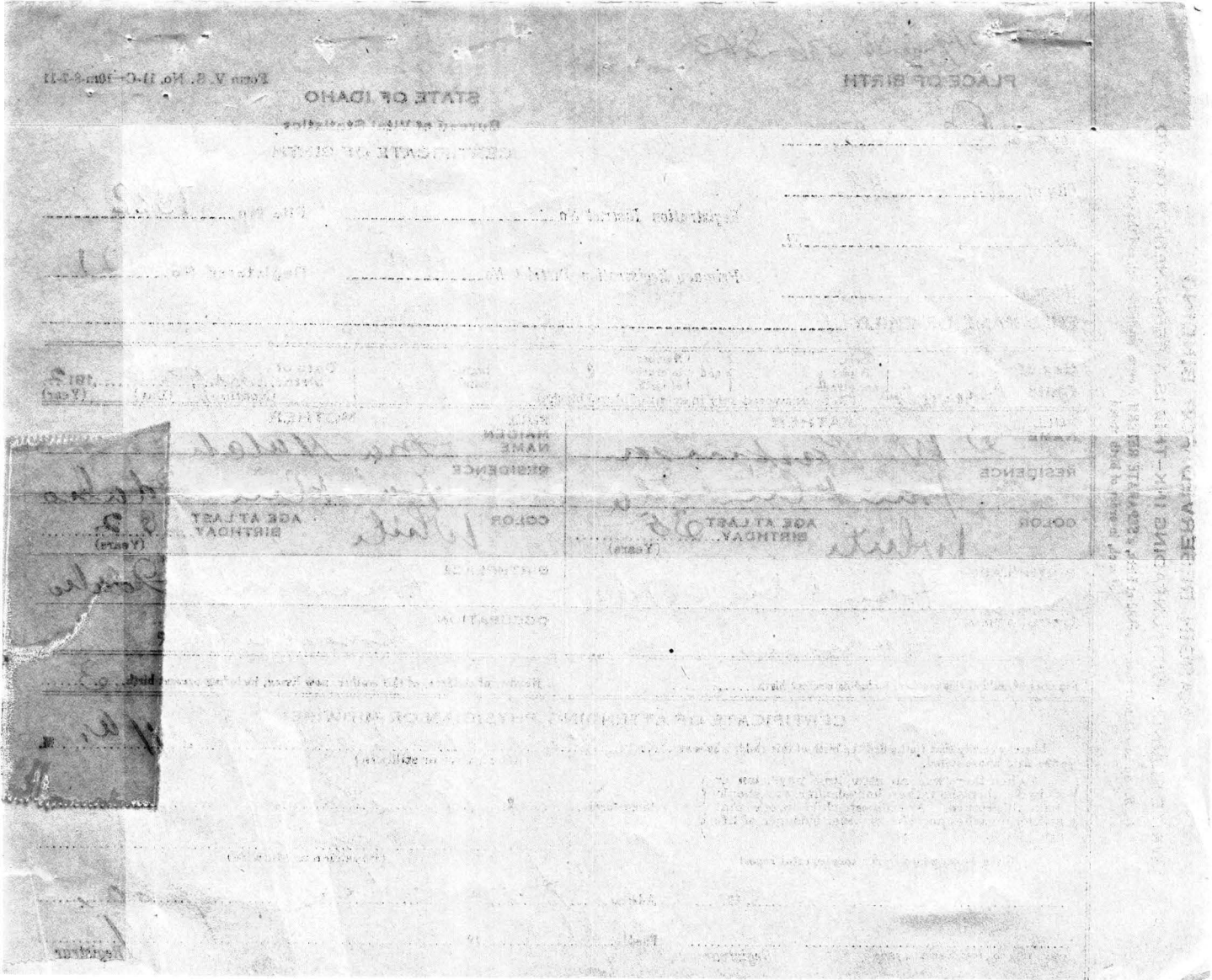
Filed Sept 9 1912 D Ray Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BORS. 17826



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Franklin }

Certificate No. 7922
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Births (Birth or death)
for Lucille Hatch Parkinson (Name on original certificate) who was born (Was born or died) on 8-24-12 (Date of event)
in Franklin, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by family record (Bible record, insurance policy, etc.) prepared on November, 1912 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Lucille Hatch Parkinson

Subscribed and sworn to before me this 30 day of August 19 41

Annie Peterson
Notary Public, residing at Logan Utah
My commission expires June 16 1944
[SEAL]

(Ina H.)
Signed Mrs. S. W. Parkinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
196 So. 1st West Logan, Utah
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Utah } ss.
County of Cache }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of Sept 19 41

J. R. Leatherwood
Notary Public, residing at Logan, Utah
My commission expires Aug 2-1944
[SEAL]

Signed Mrs. D. P. Woodland
(Signature of any credible person other than the previous affiant)
275 W 1st No
Logan Utah
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

119-121-036-268

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Dayton

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15 — File No. 7923

Primary Registration District No 2119 — Registered No. 322

FULL NAME OF CHILD Richard W. Jardine

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	May 21, 1912

FATHER		MOTHER	
FULL NAME	Richard Jardine	FULL MAIDEN NAME	Stella Boyce
RESIDENCE	Dayton	RESIDENCE	Dayton
COLOR	wh.	COLOR	wh
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Clarkston, Ut.	BIRTHPLACE	utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Gurney M.D.

(Physician or Midwife)

Address Preston Ida

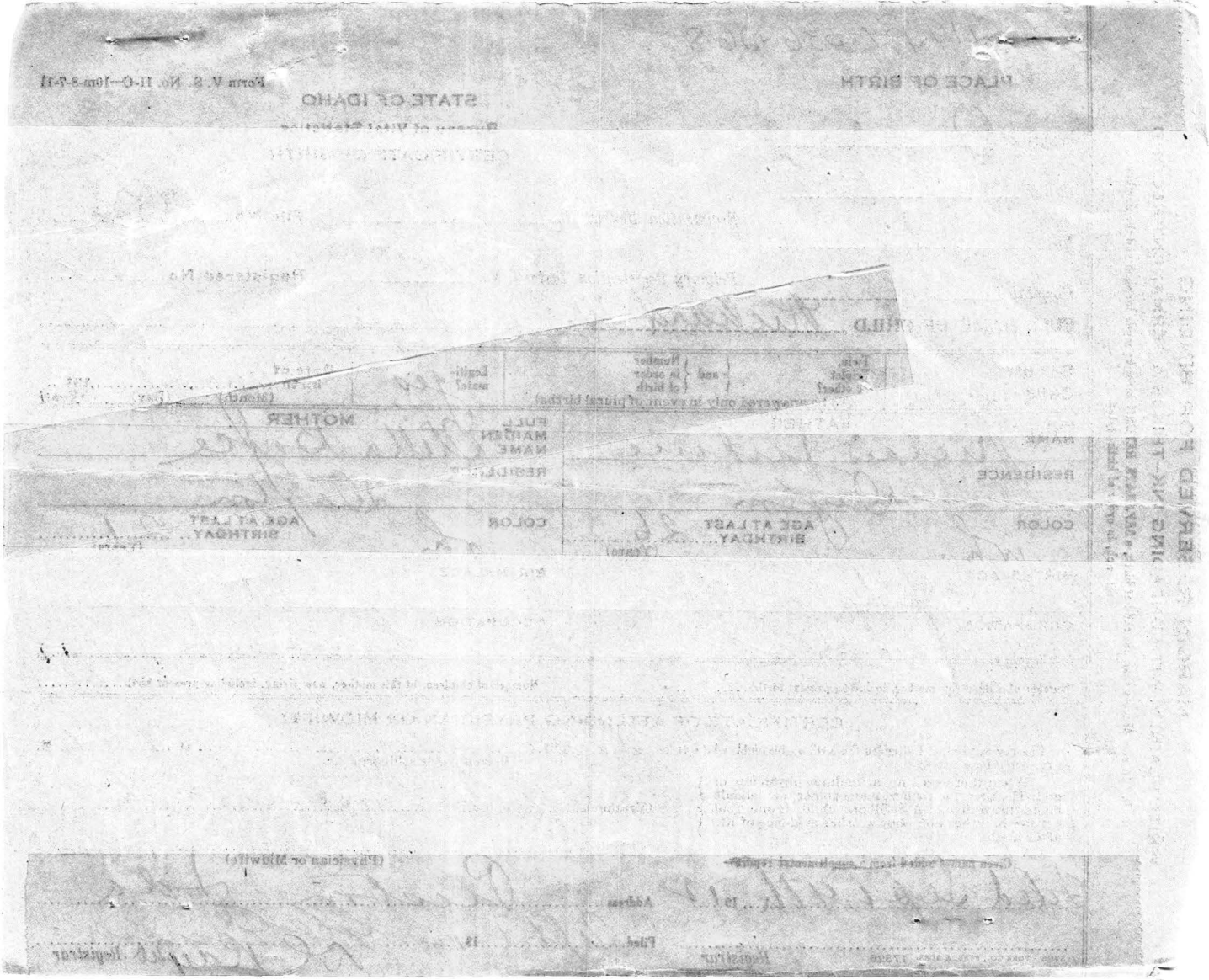
Given names added from a supplemental report

Filed Sept 9th, 1912

Registrar

Filed Sept 1, 1912 — G. C. Gurney, D. C. Raigub, Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



753225.036.331

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No _____, _____ St.

Hospital _____

Registration District No 18 File No. 7924

Primary Registration District No 2119 Registered No. 323

FULL NAME OF CHILD Utana C. Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Aug. 25, 1912

FATHER		MOTHER	
FULL NAME	Baltzar Peterson	FULL MAIDEN NAME	Marinda Clayton
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	wh	COLOR	wh.
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Morgan, Utah	BIRTHPLACE	Preston
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Emery M.D.

(Physician or Midwife)

Address Preston Ida

Given names added from a supplemental report

....., 19.....

Filed Sept 1 1912 G. C. Emery Registrar

Rec'd Sept 9-1912

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

155·225·1036·154

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No ____, ____ St.

Hospital ____

Registration District No. 18 File No. 7925

Primary Registration District No. 219 Registered No. 324

FULL NAME OF CHILD Clara Olive Jensen

Sex of Child female | Twin, Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births) | Legitimate? yes | Date of birth Aug. 25, 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME A. B. C. Jensen	FULL MAIDEN NAME Mary Anderson
RESIDENCE Preston	RESIDENCE Preston
COLOR wh AGE AT LAST BIRTHDAY 51 (Years)	COLOR wh AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Denmark	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Gurney M.D.

(Physician or Midwife)

Address Preston, Ida

Given names added from a supplemental report

....., 19.....

Filed Sept 1, 1912 G. L. Gurney

Sept 9 1912 D. C. Ray Sub-Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a CERTIFICATE OF BIRTH must be made for each child.

RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)

[redacted] 493/20·032-213

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Gooding

No. ..... St.

Registration District No. 5 File No. 7926

Primary Registration District No. 2014 Registered No. 149

Hospital

FULL NAME OF CHILD Gerald Grant Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 20 1912

FATHER

FULL NAME Claude Lee Miller

RESIDENCE Gooding

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Kansas

OCCUPATION Book-Keeper in Bank

MOTHER

FULL MAIDEN NAME Mildred F. Salsbury

RESIDENCE Gooding

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M.D.

(Physician or midwife)

Address Gooding Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug. 20th 1912 C. L. Zaker Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 11 1948

AI-120-032-693

PLACE OF BIRTH

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 5 File No. 7927

Primary Registration District No. 2014 Registered No. 148

FULL NAME OF CHILD BOYD PAUL Graves

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 20 1912

FATHER	MOTHER
FULL NAME: Ross Graves	FULL MAIDEN NAME: Mary R Watkins
RESIDENCE: Gooding	RESIDENCE: Gooding
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Indiana	BIRTHPLACE: Ohio
OCCUPATION: Farming	OCCUPATION: Housewife

Number of child of this mother, including present birth: 6th

Number of children of this mother now living, including present birth: 6th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

(Signature) J H Cromwell

M D. (Physician or midwife)

Address Gooding, Idaho

Filed Aug. 20 1912 C. L. Talbot Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gooding }

Certificate No. 7927
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Boyd Paul Graves (Name on original certificate) who Born (Was born or died) on 8-12-20 (Date of event)
in R.F.D. Gooding (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on Sept 3 1912 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Graves	Boyd Paul Graves

Subscribed and sworn to before me this 17
day of November, 1941

Earl Whitney
Notary Public, residing at Gooding Ida

My commission expires July 28 1943
[SEAL]

Signed J H Cunningham
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Gooding Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

463-12-032-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Gooding

No. Wyoming & 3rd ave,

Hospital Residence.

Registration District No. 5 File No. 7928

Primary Registration District No. 2014 Registered No. 147

FULL NAME OF CHILD Melvin LeRoy Mott,

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Aug. 21st, 1912.

FATHER	MOTHER
FULL NAME Philip James Mott,	FULL MAIDEN NAME Grace Eloise Ginn,
RESIDENCE Gooding, Idaho	RESIDENCE Gooding, Idaho.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 years (Years)	AGE AT LAST BIRTHDAY 21 years (Years)
BIRTHPLACE St. Joseph, Mo.	BIRTHPLACE Maysville, Mo.
OCCUPATION Farmer.	OCCUPATION Farmer.

Number of child of this mother, including present birth. Three. Number of children of this mother now living, including present birth. Three.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.45 a.M. on the date above stated.

(Signature) Dr. P. E. Johanson,

(Physician or midwife)

Address Gooding, Idaho.

Filed Aug. 22 1917 C. F. Zeller Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

c.c. 5/14/41. w.h.

JUN 10 1958

295-218-032-955

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Hagerman

Registration District No. 5

File No. 7929

No. —, —— St.

Primary Registration District No. 2013

Registered No. 146

Hospital ——

FULL NAME OF CHILD Cedella Kinney,

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				aug 18 12

FATHER		MOTHER	
FULL NAME	Mose Kinney	FULL MAIDEN NAME	Mary Virginia Reedy
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Iowa	BIRTHPLACE	Virginia
OCCUPATION	Barber	OCCUPATION	Housewife.

Number of child of this mother, including present birth One

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D W Marshall

(Physician or ~~Midwife~~) Idaho

Given names added from a supplemental report

Hagerman Sept 8, 1912 Address Hagerman

D W Marshall Registrar Filed Sept 5 1912 D W Marshall Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 17 1971

DUP OF
1912-13393

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JAN 20 7 51 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 7929

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Kinney (female) (Name on Original Certificate) who was born (Was Born or Died) on Aug 18, 1912 (Date of Event)
in Hagerman, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Cedella Kinney

Subscribed and sworn to before me this 6th day of January, 19 76.

Notary Public, residing at Portland, Oregon
My commission expires My Commission Expires Feb. 23, 1976
(Seal)

Signed Cedella L. Myers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5831 S.W. Seville (Street Address, City, State)
Lake Grove, Ore. 97034

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of January, 19 76.

Notary Public, residing at Boise
My commission expires 5-17-77
(Seal)

Signed Will Reedy
(Signature of Any Credible Person)

2718 Holden Lane Boise Idaho 83706
(Street Address, City, State)

CL 12/15/75

FORM DH 60-155

Admittence to Cradle Roll Dept gives name as Cedella Kinney-born-Aug 18, 1912 from the Methodist Episcopal. enrolled Aug 15, 1913. viewed by V. S.

JAN 2 8 1976

Marriage certif from Oregon gives names ax Laurence L. Myers and Cedella L. Kinney dated June 26, 1937. viewed by V. S.

495-291032-262

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Hazeoman

Registration District No. 5

File No. 7930

No. ____, ____ St.

Primary Registration District No. 2013

Registered No. 145

Hospital ____

FULL NAME OF CHILD Gladys Olive Minard

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	aug 29, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Burt Minard	Ella Boston
RESIDENCE	Hazeoman	Hazeoman
COLOR	Wh	Wh
AGE AT LAST BIRTHDAY	34 (Years)	24 (Years)
BIRTHPLACE	Iowa	Nebraska
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D W Marshall

(Physician or ~~Midwife~~)

Given names added from a supplemental report

Sept 8, 1912

D W Marshall
Registrar

Address Hazeoman

Filed Sept 5 1912 D W Marshall
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 18 1969

449-22-0032-769

PLACE OF BIRTH

County of Lincoln

City of Hagerman

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 5

File No. 7931

Primary Registration District No. 2013

Registered No. 144

FULL NAME OF CHILD — Durfee

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	aug 20 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Dew Durfee	Beatrice Curley
RESIDENCE	Hagerman	Hagerman
COLOR / AGE AT LAST BIRTHDAY (Years)	wh / 24	White / 19
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 5 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D W A Marshall

(Physician ~~or Midwife~~)

Address Hagerman

Given names added from a supplemental report

Hagerman Sept 8 1913

W A Marshall Registrar

Filed Sept 8 1913 W A Marshall Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY

168-215-632-693

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone Registration District No. 5 File No. 7932

No. ____, ____ St.

Primary Registration District No. 2016 Registered No. 143

Hospital ____

FULL NAME OF CHILD Stern Joy

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	Twin	2nd	yes.	Aug. 15, 1912

FATHER		MOTHER	
FULL NAME	Fred N. Joy	FULL MAIDEN NAME	Alma G. Files
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Colorado	BIRTHPLACE	Washington
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Zeller M.D.

(Physician or Midwife)

Address Shoshone, Idaho

Given name added from a supplemental report

....., 19.....

Filed Aug. 17, 1912 C. F. Zeller

Registrar

Registrar

S-Y CO., 15669

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

6/26/41

JUN 8 1972

551-101-032-213

PLACE OF BIRTH

Form V. S. No. 11—10m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 5 File No. 7933

No. ..... St.

Primary Registration District No. 2016 Registered No. 142

Hospital .....

FULL NAME OF CHILD Laura Leonard Evans

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	Twin (To be answered only in event of plural births)	2	yes	Aug. 1 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Lewis F. Evans	FULL MAIDEN NAME: Sylvia Battezone
RESIDENCE: Shoshone	RESIDENCE: Shoshone
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Union Co, Oregon	BIRTHPLACE: Walla Walla, Wash.
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Zeller M.D.

(Physician or midwife)

Address Shoshone Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 20 1912 O. F. Zeller Registrar

..... Registrar

8-Y CO. 20175

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

634-126-032-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

No. ____, ____ St.

Hospital ____

Registration District No. 5 File No. 7934

Primary Registration District No. 2016 Registered No. 141

FULL NAME OF CHILD No Name Horrace Eugene Oldenburg

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1	x	yes	Aug 16, 191[illegible]

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas F Oldenburg,	FULL MAIDEN NAME	Elizabeth Thompson
RESIDENCE	Shoshone Ida	RESIDENCE	Shoshone Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wisconsin	BIRTHPLACE	Jackson Ky
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1[illegible] a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

(Signature) H. E. Crouch M.D.

(Physician or Midwife)

Address Shoshone Idaho

Filed Aug. 27—1913 C. H. Zeller Registrar

4/24/41 L. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at births, a SEPARATE BLANK must be made for each and be number

COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE	

PLACE OF BIRTH

County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

399-22-1032-618

PLACE OF BIRTH

Form V. S No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 5 File No. 7935

No. ____, ____ St.

Primary Registration District No. 2016 Registered No. 140

Hospital ____

FULL NAME OF CHILD ~~No Name~~ ROBERT GLENWOOD TRIPLETT

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 22, 191

FATHER		MOTHER	
FULL NAME	Frank A. Triplett	FULL MAIDEN NAME	Louise Wahl
RESIDENCE	Jerome, Idaho	RESIDENCE	Jerome, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Bowling Green Mo	BIRTHPLACE	Tripp S.D.
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth Two

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) N. G. Booth M.D.

(Physician or Midwife)

Address Shoshone Idaho

Filed Aug. 23 19 12 C. F. Zeller Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

(County of ...)

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	

RESERVED FOR BINDING MARK—THIS SPACE

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 7935

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Robert Glenwood Triplett

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Washington }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd
day of July, 1943

Signed Mrs P. B. Burbank (Annette)
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Spokane

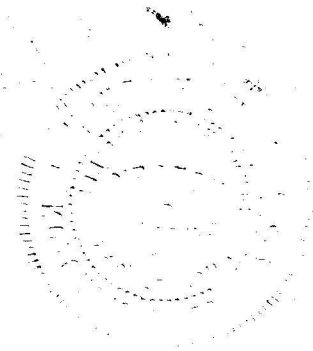
My commission expires Aug. 18 1945
(SEAL)

E 2931 - Broad St
Spokane, Wash.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 2 3 1973

MAR 3 1943



253-21(032-319

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Dietrich

Registration District No. 6 File No. 7936

No. ____, ____ St.

Primary Registration District No. 2016 Registered No. 139

Hospital ____

FULL NAME OF CHILD Ernestine Helen Becker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug. 14, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bernhard J. Becker	Frances Orra Carpenter
RESIDENCE	Dietrich Ida.	Dietrich Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	25
BIRTHPLACE	Toledo. Ohio.	Minneapolis Minn.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5-45 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. S. Leighthalf

Physician

(Physician or Midwife)

Address Dietrich, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Aug. 15 1912 C. F. Zeller

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. No. 11-C—Rev. 6-5-41

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARRIED PERSONS—FILL IN FOR BIRDING

WHITE PLAINLY. WITH INK—THIS IS A PERMANENT RECORD

RESIDENCE

BIRTHDAY (Years) (Days)

BIRTHPLACE

Form V. S. No. 11-C—10m-6-7-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lincoln

City of Hazelton

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15 File No. 7937

Primary Registration District No. 2216 Registered No. 138

FULL NAME OF CHILD DWIGHT FOWLER JEFFERIS

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	(To be answered only in event of plural births)			Yes	Aug. 4, 1912

FATHER		MOTHER	
FULL NAME	Allen A. Jefferis	FULL MAIDEN NAME	Lulu G. Fowler
RESIDENCE	Hazelton, Ida.	RESIDENCE	Hazelton, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Council Bluffs	BIRTHPLACE	Madison Wis.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno. G. Leng

(Physician or Midwife)

Address Hazelton, Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug. 7—1912 C. L. Zeller

.....
Registrar

.....
Registrar

BYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Alameda }

Certificate No. 7937

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Dwight Fowler Jefferis (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on August 4th 1912 (DATE OF EVENT)
in Eden Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Dwight Fowler Jefferis
Date	Aug. 5th	Aug. 4, 1912

Subscribed and sworn to before me this 4 day of December, 19 42

Notary Public, residing at Oakland-Calif.

My commission expires My Commission Expires November 10, 1943 (SEAL)

Signed Mrs. A. A. Jefferis - Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

274-21st St. Oakland Calif.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Alameda }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4 day of December, 19 42

Notary Public, residing at Oakland, Calif.

My commission expires My Commission Expires November 10, 1943 (SEAL)

Signed Allen A. Jefferis, Father
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

274-21st St. Oakland-Calif.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

DEC 14 1942

8/2-12 1032-713

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—20m—6-20-11

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 5

File No. 7938

No. ____, ____ St.

Primary Registration District No. 2016

Registered No. 137

Hospital Home

FULL NAME OF CHILD ALBERT WALTER Hastings

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	other (To be answered only in event of plural births)	1st	yes	8 12 1912

FATHER		MOTHER	
FULL NAME	Albert Walter Hastings	FULL MAIDEN NAME	Rose Ella Gallagher
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	California	BIRTHPLACE	Minnesota
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Zeller

M. D.

(Physician or Midwife)

Address Shoshone Idaho

Given name added from a supplemental report

....., 19.....

Filed 8/14 1912 C. F. Zeller

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Santa Clara }

Certificate No. 7938

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Hastings (Name on Original Certificate) who born (Was Born or Died) on August 12, 1912 (Date of Event)
in Shoshone, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Baby Hastings	Albert Walter Hastings

Subscribed and sworn to before me this 19th day of March 1942

Notary Public, residing at Sunnyvale, Calif

My commission expires April 6-1943
(Seal)

Signed Rose Ella Hastings
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

219 Jackson Ave. Sunnyvale Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Santa Clara }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of March 1942

Notary Public, residing at Sunnyvale, Calif

My commission expires April 6-1943
(Seal)

Signed Loda L. Ryan
(Signature of Any Credible Person Other Than Previous Year)

516-E Washington St
(Street Address, City, State)
Sunnyvale, Calif

APR 2 2 1970

SS 531-993

BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Clearwater

City of near Peck

Registration District No. ~~16~~ 32

File No. 7939

No. ....., ... St.

Primary Registration District No. ~~2075~~ 2127

Registered No. 123

Hospital .....

FULL NAME OF CHILD Minnie Zona English

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		5	Yes	6 - 8, 1912

FATHER		MOTHER	
FULL NAME	Albert English	FULL MAIDEN NAME	Leona May Rich
RESIDENCE	near Peck	RESIDENCE	near Peck
COLOR	W	AGE AT LAST BIRTHDAY (Years)	37
COLOR	W	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Wash	BIRTHPLACE	Missouri
OCCUPATION	minister	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

(Signature) J. M. Lyle M.D.

(Physician or Midwife)

Address Peck Idaho

Filed 8 - 16 - 1912 Elton Hogan Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 2 7 1974

168-45-1931-294

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STA[illegible]IDAHO

Bureau of [illegible] Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

Registration District No. 31 File No. 14 7940

No. ____, ____ St.

Primary Registration District No. 2128 Registered No. 12 4

Hospital ____

FULL NAME OF CHILD Clyde Arthur Johnston

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	Yes	July 13 1912

FATHER		MOTHER	
FULL NAME	William Johnston	FULL MAIDEN NAME	Viril Kidder
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	M.O
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Borned July 14-1912 (Born alive or stillborn) at 9 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Taylor M.D

(Physician or Midwife)

Address Kamiah

Given names added from a supplemental report

____, 19____

Filed July 16 1912 E Taylor M.D

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

9440

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Kamiah
Street and House No.
County Lewis

Registered Number 124

Registration District No. 32

Sex of Child Male

Date of Birth, 7 (Month) 15 (Day) 192 (Year)

Full Name of Father William Johnston

Full Maiden Name of Mother Minnie Kidder

I HEREBY CERTIFY that the child described herein has been named:

Clyde Arthur Johnston
(Given name in full) (Surname)

as reported by Minnie Johnston
(Father or Mother)

Edna B. Rogers
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

849 4 16 031-239

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

No. ....., ... St.

Hospital .....

Registration District No. 32 File No. 16 7941

Primary Registration District No. 2128 Registered No. 16 175

FULL NAME OF CHILD Willis Glen Quinlan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Jul 16, 1912

FATHER		MOTHER	
FULL NAME	Conrad Quinlan	FULL MAIDEN NAME	Frances Stratton
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Massachusetts	BIRTHPLACE	North Dakota
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 4 A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMeekan

Physician (Physician or Midwife)

Address Kamiah, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Aug 1 1912 E. Taylor M.D.

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

963-225-03-996

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

No. ____, ____ St.

Hospital ____

Registration District No. 32

Primary Registration District No. 2128

File No. 11-7942

Registered No. 25-176

FULL NAME OF CHILD Lorena May Rockwood

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Jul 25, 1912

FATHER	MOTHER
FULL NAME: Arthur C. Rockwood	FULL MAIDEN NAME: Viola Riffe
RESIDENCE: Kamiah	RESIDENCE: Kamiah
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Oregon
OCCUPATION: Farmer	OCCUPATION: House-wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 5:00 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan

Physician (Physician or Midwife)

Address Kamiah, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Aug 1 1912 W. Taylor MD

Registrar

S-Y CO., 16670

Registrar

OCT 5 1950

849-226-031-365

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Kamiah

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 32 File No. 17 7943

Primary Registration District No 2126 Registered No. 127

FULL NAME OF CHILD Leola Marurite Quetzloe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 26 1912

FATHER		MOTHER	
FULL NAME	Gustave Quetzloe	FULL MAIDEN NAME	Elsa Conrad
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Kansas
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Yes.

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9 A. M. on the date above stated.

(Signature) E Taylor M.D

(Physician or Midwife)

Address Kamiah

Filed Aug 8 1912 E Taylor M.D Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS-YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

dup of 1912-D64-292

195-104-031-691

Form V. S.-No. 11.C.—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lewis

City of Nez Perce Registration District No. 32 File No. 7944

No. ..... St.

Primary Registration District No. 127 Registered No. 128

Hospital .....

FULL NAME OF CHILD Glenn Vesper Arneson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Aug 4th 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chris Arneson	Florence Frantz
RESIDENCE	Winchester	Winchester
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	21
BIRTHPLACE	Norway	Indiana
OCCUPATION	Fireman	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) X Ida M. Frantz (Grandmother & child)

(Physician or midwife)

Address Nez Perce Idaho

Given names added from a supplemental report

..... 19.....

Filed 8-14-1912 Elmer E. Rogers Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

(County of)

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RESIDENCE

COLOR

BIRTHPLACE

AGE AT LAST BIRTHDAY (Years)

249-106-031-369

Form V. S. No. 11.C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No. 32 File No. 7945

No. St.

Primary Registration District No. 2127 Registered No. 129

Hospital

FULL NAME OF CHILD Daniel Aloin Kriebel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	8 - 6 - 1912

FATHER	MOTHER
FULL NAME Daniel B. Kriebel	FULL MAIDEN NAME Mary Lareld
RESIDENCE Winchester	RESIDENCE Winchester
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 47 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Penn.	BIRTHPLACE Kansas
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elsie B. Rogers

Physician (Physician or midwife)

Address Winchester

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 8-6-19.12 Elsie B. Rogers
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 1-10m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

291-111-031-133

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Ilo

No. ____, ____ St.

Hospital ____

Registration District No. 32 File No. 7946

Primary Registration District No. 2127 Registered No. 130

FULL NAME OF CHILD ~~unnamed~~ Aufrey Mortimer Pratt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 11, 1912

FATHER		MOTHER	
FULL NAME	Jacob Lawrence Pratt	FULL MAIDEN NAME	Hattie Allen
RESIDENCE	Ilo Idaho	RESIDENCE	Ilo, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Battlecreek, Mich,	BIRTHPLACE	Irvington, Wis,
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Pannide M. D.

(Physician or Midwife)

Address Ilo, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 21st 1912 Elbert D. Rogers

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 3 1953

DECEASED

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

7946

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Ilo
Street and House No.
County Benewah

Registered Number 130
Registration District No. 32

Sex of Child Male

Date of Birth, August 11th 1913
(Month) (Day) (Year)

Full Name of Father Jacob S. Pratt

Full Maiden Name of Mother Hattie Allen

I HEREBY CERTIFY that the child described herein has been named:

Aubrey Martinus Pratt
(Given name in full) (Surname)

as reported by J. S. Pratt
(Father or Mother)

Edna B. Rogers
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

DEC 19 1967

296415-031-349

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

Registration District No. 32 File No. 7947

Primary Registration District No. 2127 Registered No. 121

FULL NAME OF CHILD HAROLD M. BROWN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	8-15-1912

FATHER		MOTHER	
FULL NAME	Robert S. Brown	FULL MAIDEN NAME	Maud A. Turner
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Oregon	BIRTHPLACE	N. C.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1200 P. M. on the date above stated.

(Signature) Elmer B. Rogers

Physician (Physician or midwife)

Address Winchester, Idaho

Filed 8-16-1912 Elmer B. Rogers Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

B-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

1941

Place of Birth

City Wardeston

Street and House No.

County Bonner

Registered Number 131

Registration District No. 22

Sex of Child Male

Date of Birth, Aug. 15 (Month) (Day) 1913 (Year)

Full Name of Father Robert S Brown

Full Maiden Name of Mother Maud A. Turner

I HEREBY CERTIFY that the child described herein has been named:

Harold M. Brown
(Given name in full) (Surname)

as reported by R. S. Brown
(Father or ~~Mother~~)

Elsie C. Rozen
(Local Registrar)

IDAHO STATIONERY & PRINTING CO- LTD., BOISE

JAN 21 1942

119.215.031-719

PLACE OF BIRTH

Form V. S. [illegible] Rev-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Flo

No. ____, ____ St.

Hospital ____

Registration District No. 32 File No. 7948

Primary Registration District No. 2127 Registered No. 132

FULL NAME OF CHILD unnamed MERLE VALIER JARNAGIN

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Aug 15, 1912

FATHER	MOTHER
FULL NAME Martin L. JARNAGIN	FULL MAIDEN NAME Effie Parker
RESIDENCE Flo, Idaho.	RESIDENCE Flo, Idaho.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Colfax Iowa	BIRTHPLACE Portland Ogn.
OCCUPATION Farmer	OCCUPATION housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1130a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or Midwife)

Address Flo Idaho.

Given names added from a supplemental report

..... 19.....

Filed Aug 21st 1912 Edward A. Rogers

Registrar

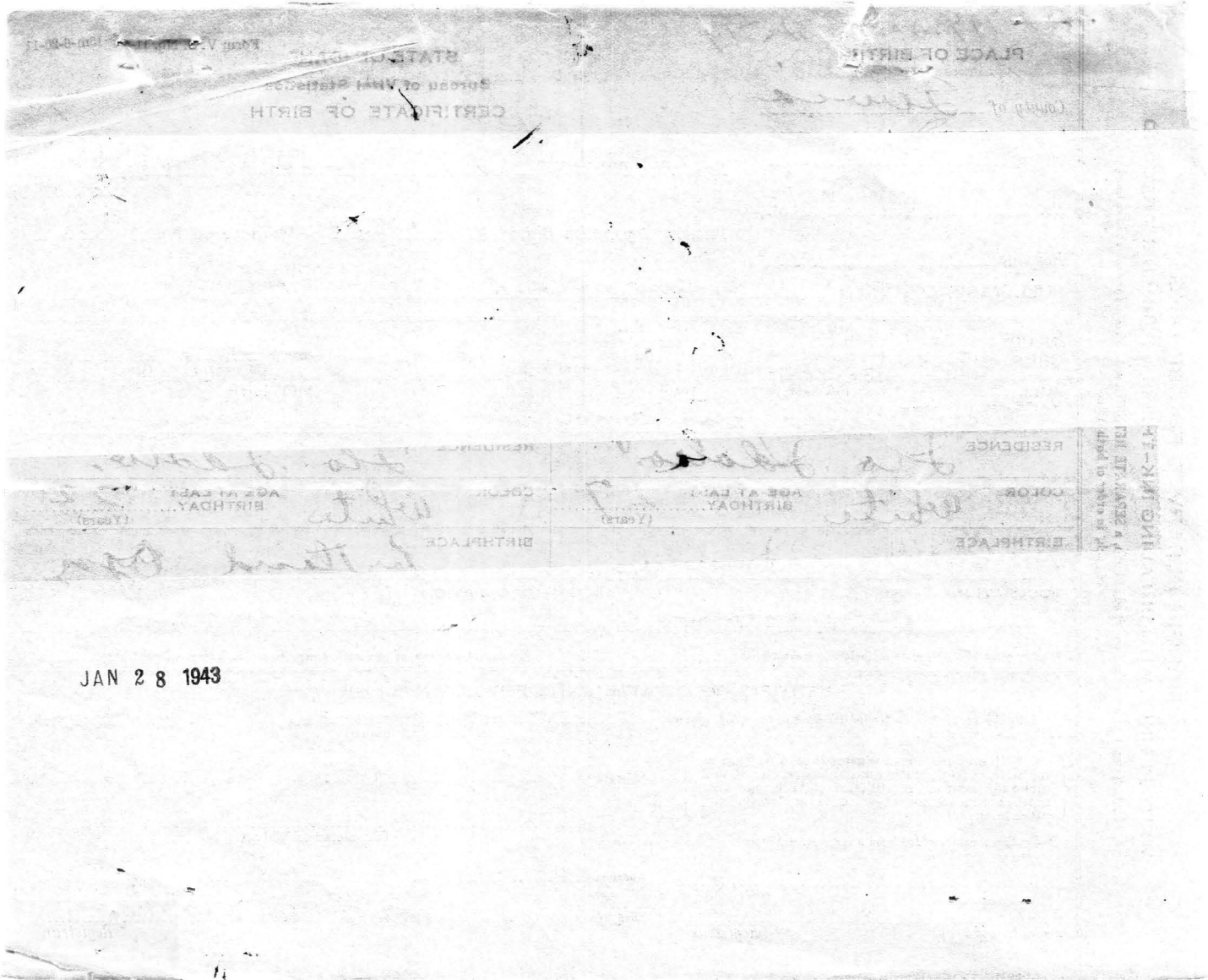
..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



JAN 2 8 1943

ed States
artment of Commerce
eau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

LACE OF BIRTH (All items at time of this birth)
a) County Lewis (b) City Craigmont
c) Street Address or R.F.D. No.
d) Name of Hospital or Maternity Home: Home
e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
3. RESIDENCE OF FATHER (city, state)

ULL NAME F CHILD Merle Valier Jarnagin ~~Laufer~~
5. Date of Birth of Child (Month, day, year)
ex F 7. Twin or Triplet one If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

FULL NAME Martin Luther Jarnagin
Color or Race White 12. Age at time of THIS birth 26 yrs.
Birthplace Iowa (City or town) U.S.A. (State or foreign country)
Exact Occupation Farmer
Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elfa Agnes Parker
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Portland (City or town) Ore. (State or foreign country) US.A.
20. Exact Occupation House wife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date
and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is
related to this child as (Mother, etc.)

Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

e of Idaho
ty of Lewis } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears
em 4, above, that I am now 53 years of age, that I have known this person for 30 years, and that
Dr Parish (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that
facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
pter 139, 1937 Session Laws.

Mrs M L Jarnagin Signature
Craigmont Idaho P. O. Address

Subscribed and sworn to before me this 18 day of Jan., 19 43

(SEAL) Eugene Lauffer Notary Public, residing at Craigmont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

ived for filing on by Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-223-03-313 Child's name & Father's name amended 1-29-90 MCM

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No. 32

File No. 7949

No. ____ St.

Primary Registration District No. 2127

Registered No. 133

Hospital ____

FULL NAME OF CHILD JEAN LOWREY

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	8 - 23 1912

FATHER	MOTHER
FULL NAME Irving H. Lowrey	FULL MAIDEN NAME Ethel C. Colburn
RESIDENCE Winchester,	RESIDENCE Winchester
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Iowa
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen B. Rogers

Physician (Physician or midwife)

Address Winchester Idaho

Given names added from a supplemental report

....., 19.....

Filed 8-27-1912 Ellen B. Rogers Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Child's name & Father's name amended 1-25-[illegible] MCH

Form V. S. No. 11-C—Rev. 2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of [illegible]

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 21 1989
VITAL STATISTICS UNIT

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ILLINOIS
County of COOK } ss.

Certificate No. 7949

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Lowery (female child) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 23, 1912 (Date of Event)
in Winchester, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	~~Sylvia~~ Jean Lowrey.
Father's Last Name	Lowery	Lowrey

no doc show Sylvia

Subscribed and sworn to before me this ____ day of ____, 19__.

"OFFICIAL SEAL"
Joyce D. Leake
Notary Public, State of Illinois
My Commission Expires 4/17/90

Notary Public, residing at ____
My commission expires ____
(Seal)

Signed Deceased
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of ILLINOIS
County of COOK } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of November, 1989.

Joyce D. Leake
Notary Public, residing at Riverside, IL
My commission expires 4-17-90
(Seal)

Signed Mildred L. Miller (sister)
(Signature of Any Credible Person)

72 Kimbark Rd., Riverside, IL 60546
(Street Address, City, State)

FORM DH 60-155 CL 9-27-65. nm

ID birth certificate shows Clara Mildred Lowrey born Apr 22, 1910 in Winchester to Irving Herbert Lowrey age 28 & born in Essex, IA & Ethel Claire Calhoun, state file #347282. Viewed by VS.

JAN 2 9 1990

IL birth certificate shows Douglas Martin King born Nov 10, 1940 in Chicago to Gerald King & Jean Lowrey, file #43430. Viewed by VS.

IL death certificate shows Irving H Lowrey died Aprl 14, 1959 in Norridge, IL and filed Apr 15, 1959. Viewed by VS.

Chicago, IL public school records shows Jean Lowrey born in Winchester, ID and attended Calhoun in 1924 -1926, date of birth Aug 23, 1912. Viewed by VS.

712-124-031-245

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

7950

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

Registration District No. 32 File No. .....

Primary Registration District No. 2127 Registered No. 134

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Male		Yes	8 (Month) - 24 (Day) - 1912 (Year)

FATHER		MOTHER	
FULL NAME	Andrew Gabrielson	FULL MAIDEN NAME	Ida Kuenzli
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Wisc
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton P. Rogers

Physician (Physician or midwife)

Address Winchester

Given names added from a supplemental report

..... 19.....

Filed 8-28 1912 Elton P. Rogers Registrar

..... Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

714/129.03/669

PLACE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11.C. 20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 7951

Primary Registration District No. 2127 Registered No. 130

FULL NAME OF CHILD Franklin Richard Paul

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	8-29-1912

FATHER		MOTHER	
FULL NAME	John Paul	FULL MAIDEN NAME	Mabel Faul
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	England	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton V. Rogers

Physician (Physician or midwife)

Address Winchester, Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 29 1912 Elton V. Rogers Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 18 1942

493-28-03-769

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Russell

No ____, ____ St.

Hospital ____

Registration District No 37 File No 7952

Primary Registration District No 212 Registered No 1345

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		7	yes	aug 28th 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuell F. Mills	Minnie K. Porter
RESIDENCE	Russell Idaho	Russell Idaho
COLOR	Wht	Wht
AGE AT LAST BIRTHDAY (Years)	33	32
BIRTHPLACE	Mich.	Mo.
OCCUPATION	Post Master	House Keeper

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born A Female, Sept 7, at 7.30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Shawley M.D.

(Physician or Midwife)

Given names added from a supplemental report

____, 19____

Address ____

Filed Sept 9 1912 C Taylor M.C.

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

2

STATE OF IDAHO

Bureau of Vital Statistics

BIRTHDAY

(Year)

BIRTHPLACE

OCCUPATION

168-209 [redacted] 249

PLACE OF [redacted]

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mt Home

Registration District No. 20 File No. 7953

No. ____, ____ St.

Primary Registration District No. 2020 Registered No. 60

Hospital ____

FULL NAME OF CHILD Not named

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Aug 9, 1912

	FATHER	MOTHER
FULL NAME	C. A. Johnson	Anna Burkman
RESIDENCE	Mt Home	Mt Home
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	35
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Mason	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1046 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Frazier

Physician

(Physician or Midwife)

Address Mtn Home

Filed Aug 10 1912 W. L. Frazier Registrar

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

619+227-020-619

PLACE OF BIRTH

Form V. S. No. 11[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mt Home

Registration District No. 20 File No. 7954

No. ____, ____ St.

Primary Registration District No. 2520 Registered No. 6[illegible]

Hospital ____

FULL NAME OF CHILD Marjorie Magdalene Warner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day)
F				yes	Aug 2[illegible]

FATHER		MOTHER	
FULL NAME	Irvin B. Warner	FULL MAIDEN NAME	Linda C. Warner
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	Supt. Schools	OCCUPATION	Houfe

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 11 15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Hawley

(Physician or ~~Midwife~~)

Given names added from a supplemental report

is [illegible] Mtn Home Ida

Filed [illegible] W. L. Fraze Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 14 1958

NOV 29 1957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

U55212020-392

PLACE OF BIRTH

STATE OF IDAHO

Form V. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mt Home

No. ____, ____ St.

Hospital ____

Registration District No. 20

File No. 7956

Primary Registration District No. 2020

Registered No. 57

FULL NAME OF CHILD Evelyn Marie Devlin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	Aug. 12th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm M. Devlin	Josephine Libodeau
RESIDENCE	Mountain Home	Mountain Home
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	32
BIRTHPLACE	Minn.	Minn.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth ... Three

Number of children, of this mother, now living, including present birth ... Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather

Physician (Physician or Midwife)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept 3 1912 W. L. Tracy

Registrar

S-Y CO., 16670

JAN 28 1966

9 14 72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 7956

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Marie Evelyn Devlin (Name on Original Certificate) who was born (Was Born or Died) on Aug. 12, 1912 (Date of Event)
in Mountain Home, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by the annexed records (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Marie Evelyn Devlin	Evelyn Marie Devlin

Subscribed and sworn to before me this 29th day of September, 1972

Notary Public, residing at Boise, Idaho
My commission expires Nov. 14, 1975
(Seal)

Signed Evelyn Marie Devlin Everett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

345 S. 3d East, Mtn. Home, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3d day of October, 1972

Notary Public, residing at Boise, Idaho
My commission expires Nov. 10, 1975
(Seal)

Signed Genevieve Salbik
(Signature of Any Credible Person)

1724 W. Bannock Boise Ida.
(Street Address, City, State)

FORM DH 60-155

Own Child's name from St. Alphonsus Hosp. gives name as Vernon Michael Everett born Feb. 9, 1944.at Boise, Idaho. Gives mother's name as Evelyn Marie Devlin. Born Aug. 12, 1912. Viewed vy By V. S.

OCT 3 1972

Insurance policy from The Pacific Mutual Life Ins. Co. gives name as Evelyn M. Devlin and later added name as Evelyn Marie Everett(married name). Dated July 15, 1935. Viewed by V. S.

859-202-020-699

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mt Home

Registration District No. 27 File No. 7957

No. ____, ____ St.

Primary Registration District No. 2707 Registered No. 56

Hospital ____

FULL NAME OF CHILD Doris Emily Herder

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	Aug. 2nd, 1912

FATHER		MOTHER	
FULL NAME	Gus L. Herder	FULL MAIDEN NAME	Jennie Friar
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Mich.	BIRTHPLACE	Missouri
OCCUPATION	Furniture Dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bert Mather

Physician (Physician or Midwife)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

Filed Sept 3 1912 W. L. Evans Registrar

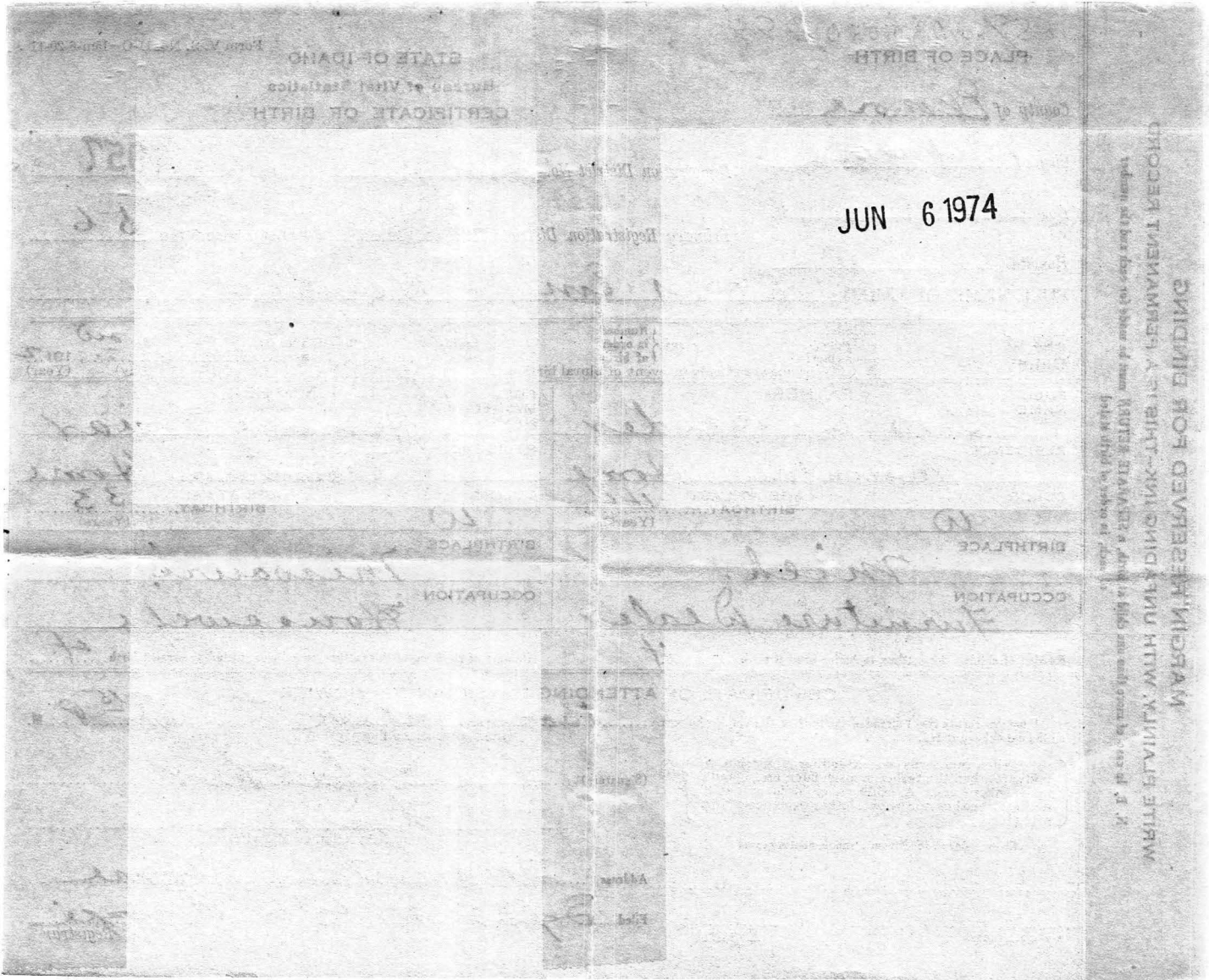
....., Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



JUN 6 1974

553-202-020-296

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mt Home

Registration District No. 20

File No. 7958

No. ____, ____ St.

Primary Registration District No. 2810

Registered No. 55

Hospital ____

FULL NAME OF CHILD Pearl Nelson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		1	Yes	Aug 7, 1912

FATHER		MOTHER	
FULL NAME	Raymond Nelson	FULL MAIDEN NAME	Carrie Brown
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	S. Dakota
OCCUPATION	Laborer	OCCUPATION	H. Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) at 2-40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Hawley

(Physician or ~~Midwife~~)

Address Mtn Home

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Sept 3 1912 W. L. Brazier Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 6 1961

433-201-020818

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry Registration District No. 20 File No. 7959

No. ____, ____ St. Primary Registration District No. 2021 Registered No. 64

Hospital ____

FULL NAME OF CHILD ~~Not named~~ HELEN LORRAINE McLAUGHLIN

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single (To be answered only in event of plural births)	2	yes	Aug 1st, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Farrin McLaughlin	Maud Hays
RESIDENCE	Glenn's Ferry Idaho	Glenn's Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	30
BIRTHPLACE	America	America
OCCUPATION	Barber	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) Aug 1st 1912 at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M.D.

Physician (Physician or Midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Aug 5th 1912 J. W. Davis
Registrar

Sept 3, 1912 W. L. Frazier

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 20 1966

AUG 3 1971

PLACE OF BIRTH [redacted]

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 15 File No. 7960

No. ____ St.

Primary Registration District No. 1008 Registered No. 239

Hospital ____

FULL NAME OF CHILD Frederic J. Thiel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Aug 26 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred F Thiel	Catherine Lenz
RESIDENCE	Moscow	Moscow
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	39	26
BIRTHPLACE	Germany	Germany
OCCUPATION	Laborer	—

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 10-30 a M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. U. Clarke
(Physician or ~~midwife~~)

Address Moscow

Given names added from a supplemental report

....19....

....Registrar

Filed Aug 30 1912

D. F. Rae
Registrar

S-Y CO. 20175

MARGIN RESERVED FOR B.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and ... of each, in order of birth stated.

SDH FEB 0 1 2017

168-109-029 [illegible] 19

Amended 4/19/13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Moscow

No ____, ____ St.

Hospital ____

Registration District No 15 — File No. 7961

Primary Registration District No. 1008 — Registered No. 237

FULL NAME OF CHILD Norman Lee Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Aug 9 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	H. C. Johnson	Lottie Larson
RESIDENCE	Moscow	Moscow
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	41	35
BIRTHPLACE	Minn	Norway
OCCUPATION	Machinist	

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Clarke

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Aug 10 19 12 V. F. Rae Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

NOV 3 1970

4 3 73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 18 7 49 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Latah } ss.

Certificate No. 7961

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Johnson (Name on Original Certificate) who was born (Was Born or Died) on Aug 8, 1912 (Date of Event)
in Moscow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Norman Lee Johnson
Date of birth	Aug 8, 1912	August 9, 1912

Subscribed and sworn to before me this 10th day of April, 1973

Robert W. Peterson
Notary Public, residing at Moscow Idaho
My commission expires April 23, 1974
(Seal)

Signed Paul L. Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

404 N. Jefferson Moscow, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Latah } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of April, 1973

Robert S. Kleckner
Notary Public, residing at Moscow
My commission expires 2/27/76
(Seal)

Signed Robert W. Peterson
(Signature of Any Credible Person)

125 W. 3rd Moscow, Idaho
(Street Address, City, State)

FORM DH 60-155

US Army Discharge Norman L. Johnson born August 9, 1912 at Moscow, Idaho
Date of Induction May 31, 1943, date of Se paration Nov. 10,1945.

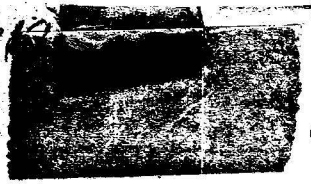
Viewed by VS

APR 18 1973

Photocopy of Hospital birth certificate for daughter Vicki Ann Johnson born August 4, 1946 at Gritman Memorial Hospital , Moscow, Idaho gives fathers name as Norman L. Johnson, date of birth August 9, 1912, born at Moscow, Idaho.

Viewed by VS
Own childs birth certificate Vicki Lynn Johnson born August 4, 1946 at Moscow, Idaho State File No. 424154 gives fathers name as Norman Lee Johnson.
VS

754-226-025-7



Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Westlake

Registration District No. 2042 File No. 7962

No. ____, ____ St.

Primary Registration District No. 10 Registered No. 149

Hospital ____

FULL NAME OF CHILD XXXXXXXXXXXXXXXX LILY JEAN PEDERSEN

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Aug 26, 191 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Oswald Raun Pedersen	Theodora Garrusson
RESIDENCE	westlake Idaho	westlake Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	25
BIRTHPLACE	Denmark	Iceland
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D. Physician

(Physician or Midwife)

Address Mo Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug 30 19 12 G. S. Stockton Registrar

....., Registrar

per B.

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 3 1948

619-22 1025-755

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2045 File No. 7963

Primary Registration District No. 10 Registered No. 148

FULL NAME OF CHILD Nettie Alice Farthing

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	2	Yes	Aug 22 1912

FATHER		MOTHER	
FULL NAME	Clyde Farthing	FULL MAIDEN NAME	Etta Gentry
RESIDENCE	Cottonwood Idaho	RESIDENCE	Cottonwood Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	N. C.	BIRTHPLACE	N. C.
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Truitt

Physician (Physician or midwife)

Address Cottonwood Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Aug 25 1912 G S Stockton per Mike
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 10 1970

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

WRITE PLAINLY. WITH UNFADING INK. THIS IS A PERMANENT RECORD

RESIDENCE

COLOR

BIRTHPLACE

365-209-025-613

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Ferdinand

No. ____ St.

Registration District No. 2045 File No. 7964

Primary Registration District No. 10 Registered No. 147

Hospital ____

FULL NAME OF CHILD Marie Conser

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2	Yes	Aug 9 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy H. Conser	Grace Wattenburg
RESIDENCE	Ferdinand Ida	Ferdinand Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Oregon	Oregon
OCCUPATION	Farmer	Home

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Truitt

Physician (Physician or midwife)

Address Cottonwood Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 15 1912 G S Stockton Registrar per Blds

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 18 1941

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

RESIDENCE

COLOR

BIRTHDAY

(Years)

BIRTHPLACE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

279-125-085-243

PLACE OF BIRTH

County of Idaho

City of Denver Precinct Registration District No. 2043 File No. 7965

No. ____, ____ St.

Primary Registration District No. 10 Registered No. 146

Hospital ____

FULL NAME OF CHILD Victor Henry Sprute

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 25 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry A. Sprute	Katie Kuther
RESIDENCE	Denver Precinct	Denver Precinct
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	35
BIRTHPLACE	Kansas	Ill.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Turner

(Physician or Midwife)

Address Cottonwood, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 27 19 12 G S Stockton per B Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

RESIDENCE

COLOR

BIRTHDAY

BIRTHPLACE

235-B1 -792

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 10 File No. 7966

Primary Registration District No. 2044 Registered No. 145

FULL NAME OF CHILD Charles Earl Steele

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	No	—	Yes	Aug. 31 1912

FATHER		MOTHER	
FULL NAME	Charles A. Steele	FULL MAIDEN NAME	Inger Lisne
RESIDENCE	near Grangeville	RESIDENCE	near Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28. (Years)
BIRTHPLACE	Bellevue Idaho	BIRTHPLACE	Genesee Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Esse L. Cairns

Physician

(Physician or midwife)

Address Grangeville Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Sept 5 1912 G S Stockton Registrar

S-Y CO. 20-34

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of twins (or more) each child must be made the subject of a separate RETURN and must be made out, in order of birth, and the number of each child stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of

No. St.

Registration District No.

File No.

9192071025-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 7967

Primary Registration District No. 1001 Registered No. 144

FULL NAME OF CHILD Mary Evangeline Rains

Sex of Child: Female	Twin, Triplet or other? (To be answered only in event of plural births): No; and Number in order of birth: —	Legitimate? Yes	Date of Birth: Aug. 7 (Month) (Day) 191 2 (Year)	

FATHER		MOTHER	
FULL NAME	Jesse Lewis Rains	FULL MAIDEN NAME	Mary Weidenthaler
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Warren Idaho	COLOR	White
OCCUPATION	Physician	AGE AT LAST BIRTHDAY (Years)	31
		BIRTHPLACE	Lewiston Idaho
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6-50 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains

Physician (Physician or midwife)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Sept 5 1912 G E Bloedhorn
Registrar

S-Y CO. 20174

JUL 26 1960

693-103-025-217

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Registration District No. 10 File No. 7968

Primary Registration District No. 7001 Registered No. 143

FULL NAME OF CHILD George Winfred Wilkins

Sex of Child: Male	Twin, Triplet or other? No (To be answered only in event of plural births)	and Number in order of birth: —	Legitimate? Yes	Date of Birth: July (Month) 3 (Day) 1912 (Year)	

FATHER		MOTHER	
FULL NAME	George Washington Wilkins	FULL MAIDEN NAME	Lila Kapp
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Crawford Co., Wisconsin	BIRTHPLACE	Osage, Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains, M.D.

(Physician or midwife)

Address Grangeville, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 5 19 12 G. S. Swarthout Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 30 1942

MAR 15 1971

915-220-025-769

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Mt Idaho

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 10 File No. 7969

Primary Registration District No. 2044 Registered No. 142

FULL NAME OF CHILD Audra Estelle Randall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female			yes	June 20 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Almon E. Randall	Jay M. Norman
RESIDENCE	Mt Idaho, Idaho	Mt Idaho Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	47 (Years)	29 (Years)
BIRTHPLACE	Oregon	Idaho
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs M. E. Hendrickson

midwife (Physician or midwife)

Address Mt Idaho Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 3 1912 G. S. Stockton Registrar

S-Y CO. 20174

NOV 25 1942

793-105-025-319
Amended 10/25/73

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 7970
Local Reg. No.
Reg. Dist. No. 10

1. PLACE OF BIRTH

a. COUNTY: Idaho

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Whitebird

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Idaho

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Freedom

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): George b. (Middle): Jack c. (Last): Gill

4. SEX: M

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Aug. (Day) 5, (Year) 1912

FATHER OF CHILD

7. FULL NAME

a. (First): H. b. (Middle): Clark c. (Last): Gill

8. AGE (At time of this birth): 39 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Indiana

10. USUAL OCCUPATION: Rancher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Dollie b. (Middle): Gill c. (Last): Cain

13. AGE (At time of this birth): 34 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Illinois

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. A. Foskett, Physician

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Whitebird

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Sept. 3, 1912

22. REGISTRAR'S SIGNATURE: G. S. Stockton

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Idaho } ss.

RECEIVED
OCT 17 10 48 AM '73
BUREAU OF VITAL STATISTICS

Certificate No. 7970

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for George Franklin Gill (Name on Original Certificate) who was born (Was Born or Died) on Aug. 5, 1912 (Date of Event)
in Whitebird, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by father (Bible Record, Insurance Policy, Etc.) prepared on Oct. 15, 1973 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	George Franklin Gill	George Jack Gill

Subscribed and sworn to before me this 15 day of
October, 19 73
Lura M. Allison
Notary Public, residing at Riggins
My commission expires Aug. 28, 1974
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Lucile Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
, 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

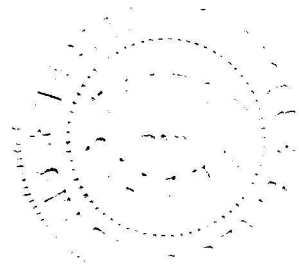
(Street Address, City, State)

FORM DH 60-155

CL 10/12/73 lcc pd. rec. # 27232. Rush!

Selective Service Registration Certificate gives name as George JackGill. dated Oct. 16, 1940. Viewed by V. S.

An AGREEMENT between H. B. Jenkins and George J. Gill and Opal Gill. dated April 7, 1941. Viewed by V. S.



PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Whitebird

No. ____, ____ St.

Hospital ____

Registration District No. 10 File No. 2970

Primary Registration District No. 2041 Registered No. 141

FULL NAME OF CHILD Gill, George Franklin

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
m	——— (To be answered only in event of plural births)	1	yes	Aug. 5, 1912

FATHER		MOTHER	
FULL NAME	H Clark Gill	FULL MAIDEN NAME	Dollie Gill Cain
RESIDENCE	Freedom Ida	RESIDENCE	Freedom Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Illinois
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Foskett

Physician

(Physician or Midwife)

Address Whitebird

Given names added from a supplemental report

..... 19.....

Filed Sept 3 1912 G. S. Stockton

..... Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of twins, the child of first birth, a SEPARATE RETURN must be made for each child and for the mother.

96-211-025-955

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Whitebird

Registration District No. 10 File No. 7971

No. ____, ____ St.

Primary Registration District No. 2041 Registered No. 140

Hospital ____

FULL NAME OF CHILD Margret Alice Rook

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Aug 11, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Morris Rook	Bessy May Reed
RESIDENCE	Joseph Ida	Joseph Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	22
BIRTHPLACE	West Virginia	Texas
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Stockett

Physician

(Physician or Midwife)

Address Whitebird

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Sept 3 1912 G S Stockton Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

231-217.025-7SK

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Mt Idaho

No. ____ St.

Hospital ____

Registration District No. 10 File No. 7975

Primary Registration District No. 2044 Registered No. 136

FULL NAME OF CHILD Mary Stadlman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	May 17 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Stadlman	May Anderson
RESIDENCE	Mt Idaho	Mt Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	27
BIRTHPLACE	Germany	Cherokee Nation
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Mc E Hindman

midwife (Physician or midwife)

Address Mt Idaho Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 3 1912 G B Sloctlum

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. 11-C—2m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

RESIDENCE

COLOR

BIRTHDAY

(Years)

BIRTHPLACE

275·103·025-285

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Idaho

City of Mt Idaho

No. ..... St.

Hospital .....

Registration District No. 10 File No. 7976

Primary Registration District No. 2044 Registered No. 135

FULL NAME OF CHILD Marion Medford Speed

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	June 3 1912

FATHER		MOTHER	
FULL NAME	James H. Speed	FULL MAIDEN NAME	Elena May Byers
RESIDENCE	Mt Idaho	RESIDENCE	Mt Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Comon Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Barnaline June 3 at 2 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. M. E. Hindman

Midwife
(Physician or midwife)

Address Mt Idaho Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 3 1912 G B Stockton
Registrar

S-Y CO. 20174

SEP 2 9 1942

251-116 1025-366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Idaho

City of Stites

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 7977

Primary Registration District No. 2107 Registered No. 134

FULL NAME OF CHILD John Gilbert Seabury

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	8 16 1912

FATHER		MOTHER	
FULL NAME	John Alden Seabury	FULL MAIDEN NAME	Mamie J. Towers
RESIDENCE	Idaho	RESIDENCE	Stites Idaho
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	New York	BIRTHPLACE	New York
OCCUPATION	Editor.	OCCUPATION	Home Work.

Number of child of this mother, including present birth Nine

Number of children, of this mother, now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. 11:45 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E Snyder

(Physician or Midwife)

Given names added from a supplemental report

Stites Idaho, 1912

Houston E Snyder Registrar

Address Stites Idaho

Filed 8-20 1912 Houston E Snyder Registrar

... - YORK CO., PTRS. & BDRS. 17826

PLACE OF BIRTH

STATE OF IDAHO

MARGIN RESERVED FOR BINDING

(CHOOSE PERMANENT INK—THIS IS A PERMANENT RECORD)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a separate return must be made for each and the number of each child in order of birth stated.

866-123-025-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 7978

Primary Registration District No. 1006 Registered No. 133

FULL NAME OF CHILD Laurence Austin Howard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		7th	yes	July 23 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel Miller Howard	Nannie Wood
RESIDENCE	Grangeville Ida	Grangeville Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	39	39
BIRTHPLACE	Kansas	Kentucky
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. W. Shuson M.D.

(Physician or Midwife)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 3 1912 G. B. Chamberlain

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number
of each in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

415-125-025-134

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Nezperce

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 7979

Primary Registration District No. 2084 Registered No. 132

FULL NAME OF CHILD Virgal Clare Manning

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy.			Yes	Aug. 25 1912

FATHER

FULL NAME: Malcom Lee Manning

RESIDENCE: Harpster

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Washington

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Nellie Oakhurst Alderman

RESIDENCE: Harpster

COLOR: White AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 6 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Anna Alt

(Physician or midwife)

Address Harpster Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 2 1912 G. S. Patterson Registrar

S-Y CO. 20174

FEB 3 1942

9.55/30-025-145

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Tharp

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 7980

Primary Registration District No. 2044 Registered No. .....

FULL NAME OF CHILD Thormod Irving Iverson

Sex of Child: Male

Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: Aug (Month) 30 (Day) 191 2 (Year)

FATHER

FULL NAME: Albert Iverson

RESIDENCE: Tharp Idaho

COLOR: White AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Norway

OCCUPATION: Plasterer

MOTHER

FULL MAIDEN NAME: Ingeborg Juvett

RESIDENCE: Tharp Idaho

COLOR: White AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Norway

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician or ~~midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 31 1912 G S Stockton Registrar

..... Registrar

S-Y CO. 20174

Certified Copy issued Jan. 22, 1941. E.W.

SEP 1 6 1975

Form V. S.-No. 278—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

7980

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Wallace
Street and House No.
County Idaho

Registered Number 131
Registration District No. 10

Sex of Child Male

Date of Birth, aug (Month) 30 (Day) 1912 (Year)

Full Name — Father: albert Iverson

Full Maiden Name — Mother: Ingeborg Juvett

I HEREBY CERTIFY that the child described herein has been named:

Thorman Irving Iverson
(Given name in full) (Surname)

as reported by albert Iverson
(Father ~~or Mother~~)

G. S. S Sheldon
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

45-729-025-418

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 7981

Primary Registration District No. 1001, Registered No. 130

FULL NAME OF CHILD Richard James Deardorff

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 29 1912

FATHER		MOTHER	
FULL NAME	Everett G Deardorff	FULL MAIDEN NAME	Estella M Mays
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Missouri	BIRTHPLACE	Washington
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Strickler

(Physician or midwife)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 30 1912 G S Strickler Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

212-225-025-862

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville — Registration District No. 10 — File No. 7982

No. ____ St. — Primary Registration District No. 1001 — Registered No. 129

Hospital ____

FULL NAME OF CHILD Mary Geraldine Baker

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Aug 25 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert M Baker	Alberta Hobert
RESIDENCE	Grangeville	Grangeville
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	30
BIRTHPLACE	Montana	Oregon
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [redacted]live (Born alive or stillborn), at 3 45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician or ~~midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug 26 1912 G S Stockton

S-Y CO. 20174 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 12 1963

719-12-025-433

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... *St.*

Hospital .....

Registration District No. 10 **File No.** 7983

Primary Registration District No. 2101 **Registered No.** 128

FULL NAME OF CHILD John Parker

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	July 21 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Parker	Rosie McCrady
RESIDENCE	Kooskia - Idaho	Kooskia Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	34
BIRTHPLACE	Wisconsin	Kansas
OCCUPATION	Brickmaker	Housework

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 4:30 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... *Registrar*

(Signature) J.M. Verbenkmos

(Physician or ~~midwife~~)

Address Kooskia Idaho

Filed Aug 22 1912 G.D. Shockley *Registrar*

S-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 27 1961

382-218-025-384

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Idaho

City of Stites

No ——, —— St.

Hospital ——

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 10 File No. 7984

Primary Registration District No. 2101 Registered No. 127

FULL NAME OF CHILD Doris Elma Sayple

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Female	—	—	Yes	June 18 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur C. Sayple	Ella M. Thurston
RESIDENCE	Stites Idaho	Stite Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	23 (Years)	24 (Years)
BIRTHPLACE	Washington St.	Washngt St.
OCCUPATION	Drayman	Housewife

Number of child of this mother, including present birth 3

Number of childrens, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E Snyder M.D. (Physician or Midwife)

Address Stite Idaho.

Given names added from a supplemental report

Stite Idaho June 19, 1912

Houston E Snyder Registrar

Filed June 19 1912 Houston E Snyder Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DUP OF 12-300093

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

22-229-025

PLACE OF BIRTH [redacted]

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7986

County of Idaho

City of Stites

No ....., ... St.

Registration District No 10 File No .....

Hospital .....

Primary Registration District No 701 Registered No. 125

FULL NAME OF CHILD Cora Lavaun Skaggs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl		one	yes	July 29 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John David Skaggs	Libe May Daynes
RESIDENCE	Stites	Stites
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	25	31
BIRTHPLACE	Arkansas	Falls Oregon
OCCUPATION	farmer	domestic

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. R. A. Lisle

(Physician or Midwife)

Given names added from a supplemental report

Aug 6 1912

Address State Idaho

Houston & Snyder

Registrar

Filed Aug 6 1912

Houston & Snyder

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

STATE OF IDAHO

CERTIFICATE OF BIRTH

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

BIRTHPLACE	
ADDRESS	
FATHER	MOTHER
Date of birth	
ADDRESS	
BIRTHPLACE	
OCCUPATION	

CERTIFICATE OF ATTENDANT OR MIDWIFE

Registrar

343-212 : 025-347

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Idaho

City of Stites

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 7987

Primary Registration District No. 2101 Registered No. 124

FULL NAME OF CHILD Gertrude Culdice

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl	one	one	yes	July 12, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leory Ellis Culdice	Cora Belle Tupper
RESIDENCE	Tahoe	Tahoe
COLOR	white	White
AGE AT LAST BIRTHDAY (Years)	29	22
BIRTHPLACE	Idaho	Kansas
OCCUPATION	farmer	domestic

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R. A. Lyle

(Physician or Midwife)

Address Stites Idaho

Given names added from a supplemental report

July 20 D., 1912

Houston S Snyder

Registrar

Filed July 20 D., 1912 Houston S Snyder

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

Form V. S. No. 11-C--10m-8-711

STATE OF IDAHO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

FATHER

MOTHER

BIRTHPLACE

OCCUPATION

AGE AT LAST BIRTHDAY

COLOR

AGE AT LAST BIRTHDAY

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

386-118-025-915

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Idaho

City of Stites

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 7988

Primary Registration District No. 2101 Registered No. 123

FULL NAME OF CHILD mon. Earl. Lyon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy	one	one	yes	July 18 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Earl Lyon	Mabel Randall
RESIDENCE	Clear Creek	Clear Creek
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	33	24
BIRTHPLACE	Fox Lake Wis	Idaho
OCCUPATION	farmer	Domestic

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) mrs. R. A. Lysle (Physician or Midwife)

Given names added from a supplemental report

July 25 1912 Address Stites Idaho

Houston E Snyder Registrar

Filed July 25 1912 Houston E Snyder Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

CERTIFICATE OF BIRTH

PLACE OF BIRTH

COLOR

ADD AT LAST BIRTHDAY (Years)

BIRTHPLACE

OCCUPATION

BIRTHPLACE

OCCUPATION

336-217025-8/2

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 7989

Primary Registration District No. 1001 Registered No. 122

FULL NAME OF CHILD Cora Myrtle Clark

Sex of Child: Female | Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? yes | Date of Birth: Aug 17 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James G Clark	FULL MAIDEN NAME	Carrie M Hashagen
RESIDENCE	Kamiah	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or ~~midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

Filed aug 20 19 12 G S Stockton

..... Registrar

..... Registrar

S-Y CO. 20174

JUN 4 1974

253-115-025-253

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 7990

Primary Registration District No. 1001 Registered No. 121

FULL NAME OF CHILD George Frederick Beck

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		no	Aug 15 1912

FATHER		MOTHER	
FULL NAME	can't know	FULL MAIDEN NAME	Helen Beck
RESIDENCE		RESIDENCE	Grangeville
COLOR		COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE		BIRTHPLACE	Idaho
OCCUPATION		OCCUPATION	none

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stricklin

(Physician or [redacted])

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed aug 15 1912 G S Stricklin

S-Y CO. 20174 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 12-344039

261-113-025-381

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 7991

Primary Registration District No. 1001 Registered No. 120

FULL NAME OF CHILD EARL ORVILLE SWAN

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	Aug 13 1912

FATHER		MOTHER	
FULL NAME	Jeff. W. Swan	FULL MAIDEN NAME	Julia Chamberlain
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician ~~or midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 15 1912 G S Stockton
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. H-C-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

7991

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { *City* Grangeville / *Street and House No.* / *County* Idaho

Registered Number 120

Registration District No. 10

Sex of Child Male

Date of Birth, Aug (Month) 13 (Day) 1912 (Year)

Full Name of Father Jeff W Swan

Full Maiden Name of Mother Julia Chamberlain

I HEREBY CERTIFY that the child described herein has been named:

Earl Orville Swan
(Given name in full) (Surname)

as reported by Julia Swan
(Father or Mother)

G. S. Stockton
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

CHILD'S NAME ADDED PER SROB PER LO 7/26/16 LY

569-122025-849

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Clearwater

No. _____ St.

Hospital _____

Registration District No. 10 File No. 7992

Primary Registration District No. 2044 Registered No. 119

FULL NAME OF CHILD Eugene Northrup

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	July 22 1912

FATHER		MOTHER	
FULL NAME	John C. Northrup	FULL MAIDEN NAME	Lue Anner Yungst
RESIDENCE	Clearwater	RESIDENCE	Clearwater
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	farming	OCCUPATION	housekeeping

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ida M. Newell

Nurse (Physician or midwife)

Address Clearwater Idaho

Given names added from a supplemental report

..... 19 12

..... Registrar

Filed Aug 19 1912 G. S. Stockton Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

693-213-032-962

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7993

County of Lincoln

City of Heyburn

Registration District No. 29 File No.

No. , St.

Primary Registration District No. 2602 Registered No. 51

Hospital

FULL NAME OF CHILD Winona Wilcox

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Aug 13, 1912

FATHER	MOTHER
FULL NAME Frank Wilcox	FULL MAIDEN NAME Clara Robertson
RESIDENCE Heyburn	RESIDENCE Heyburn
COLOR White AGE AT LAST BIRTHDAY 30 (Years)	COLOR White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. Ramsay

Physician

(Physician or Midwife)

Address Rupert Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 10 1912 V. R. Killeen

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 3 1942

613.217.032-819

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Lincoln

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 7994

Primary Registration District No. 2102 Registered No. 53

FULL NAME OF CHILD Eula Fackler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Aug. 17 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. E Fackler	Sylvia Harritt
RESIDENCE	Hayburn Ida.	Hayburn
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	19
BIRTHPLACE	Iowa	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killen M.D.

(Physician or midwife)

Address Hayburn

Filed Sept 10 1912 V. R. Killen

Registrar

Given names added from a supplemental report

_____ 19____

_____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1942

597-110-032-295

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Lincoln

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 7995

Primary Registration District No. 2102 Registered No. 50

FULL NAME OF CHILD Eugene Bretherton Eifler

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug. 10 1912

FATHER		MOTHER	
FULL NAME	Elmer Eifler	FULL MAIDEN NAME	May Bretherton
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Canada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killen M. D.

(Physician ~~or midwife~~)

Address Heyburn Ida

Given names added from a supplemental report

..... 19.....

Filed Sept 10 1912 V. R. Killen

Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1912-264575

265-219-032-769

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Heyburn

No. ____, ____ St.

Registration District No. 29 File No. 7996

Primary Registration District No. 2802 Registered No. 55

Hospital ____

FULL NAME OF CHILD Mary Konrad

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug 19, 191 2

FATHER	MOTHER
FULL NAME Edward J Konrad	FULL MAIDEN NAME Alice D Porter
RESIDENCE Heyburn	RESIDENCE Heyburn
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Penn.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Tenney

C Ling Overstreet (Physician or Midwife)

Address Rupert Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 10 1912 W R Killam Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 6 1966

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH
891-219-034-789

[redacted] TE OF IDAHO
[redacted] f Vital Statistics
[redacted] CATE OF BIRTH

Form 7. S. No. 11-C—15m-6-20-11

County of _____

City of _____ Registration District No. 29 File No. 7997

No. _____, _____ St. Primary Registration District No. 2015 Registered No. 56

Hospital _____

FULL NAME OF CHILD Grace Hiatt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Aug 19, 191[illegible]

FATHER	MOTHER
FULL NAME: William Hiatt	FULL MAIDEN NAME: Mary Phibbs
RESIDENCE: Rupert, Idaho	RESIDENCE: Rupert.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: W. Va.
OCCUPATION: Farming, St.	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 9 P. M. on the date above stated.

(Signature) P. H. Scott

Rupert, Idaho
(Physician or Midwife)

Address _____

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed Sept 10 1912 W. R. Miller Registrar

S-Y CO., 16670

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

255-225-032-215

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of _____

City of _____ Registration District No. 29 File No. 7998

No. _____, _____ St. Primary Registration District No. 2015 Registered No. 57

Hospital _____

FULL NAME OF CHILD Lois Ada Kenaston

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Aug 25 1912

FATHER		MOTHER	
FULL NAME	George Kenaston	FULL MAIDEN NAME	Susie G. Sawyer
RESIDENCE	Rupert Ida	RESIDENCE	Rupert Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Neb.	COLOR	White
OCCUPATION	Farming	AGE AT LAST BIRTHDAY (Years)	33
		BIRTHPLACE	Idaho
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 11 A M. on the date above stated.

(Born Alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. L. Scott M.D.

Rupert Ida

(Physician or ~~Midwife~~)

Given names added from a supplemental report

_____, 19____

Address _____

Filed Sept 10 1912 V. R. Killen

_____ Registrar

S-Y CO., 16870

Registrar*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

JUN 7 1962

119-126-032-918

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-41

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of _____

City of _____ Registration District No. 2 29 File No. 7999

No. _____, _____ St. Primary Registration District No. 2015 Registered No. 58

Hospital _____

FULL NAME OF CHILD Horace Ray Martin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 26, 1912

FATHER	MOTHER
FULL NAME: Enos Martin	FULL MAIDEN NAME: Ella Day
RESIDENCE:	RESIDENCE: Rupert, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Ills.
OCCUPATION: Farming	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1st.

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 3 A. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Scott

Rupert Idaho

(Physician or Midwife)

Given names added from a supplemental report

_____, 19____

_____ Registrar

Address _____

Filed Sept. 10 1912 V. R. Killen Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

465-118-032-465

PLACE OF BIRTH

STATE OF IDAHO

Form ~~V. S. No. 11 C~~ 15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of _____

City of _____ Registration District No. 29 File No. 8000

No. _____, _____ St. Primary Registration District No. 2015 Registered No. 54

Hospital _____

FULL NAME OF CHILD Wesley Wayne Moncur

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 18, 191[illegible]

FATHER		MOTHER	
FULL NAME	Don R. Moncur	FULL MAIDEN NAME	Laura Ginetta Larsen Moncur
RESIDENCE	Rupert Ida	RESIDENCE	Rupert Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mt Carmel Kane Co Utah	BIRTHPLACE	Denmark
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 1200 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Scott M D

(Physician ~~or Midwife~~)

Given names added from a supplemental report

_____, 19____ Address _____

_____ Filed Sept 10 1912 D. R. Killen

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

217-215-032-217

PLACE OF BIRTH

County of Lincoln

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

City of Acequia

Registration District No. 29

File No. 8001

No. ____, ____ St.

Primary Registration District No. 2015

Registered No. 52

Hospital ____

FULL NAME OF CHILD Sara Anne Bagnall

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Aug 15, 191[illegible]

FATHER		MOTHER	
FULL NAME	C. S. Bagnall	FULL MAIDEN NAME	A. Vanness Bagnall
RESIDENCE	Acequia Ida	RESIDENCE	Acequia Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Trinidad Colo	COLOR	White
OCCUPATION	Farming	BIRTHPLACE	[illegible] Colo
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) on the date above stated, at 12 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Scott M. D.

Rupert Ida

(Physician ~~or Midwife~~)

Given names added from a supplemental report

____, 19____

Address ____

Filed Sept 10 1912 V. R. Killen

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued Jan. 2, 1941. E.W.

DECEASED

219-J-C-032-163

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of _____

City of _____

No. _____, _____ St.

Hospital _____

Registration District No. 29 File No. 8002

Primary Registration District No. 2015 Registered No. 49

FULL NAME OF CHILD Faye Winnifred Barber

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Single			Yes	Aug 10, 191[illegible]

FATHER

FULL NAME: Chas Barber

RESIDENCE: Rupert - Ida

COLOR: White AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Ditch Rider

MOTHER

FULL MAIDEN NAME: Hattie Jolly

RESIDENCE: Rupert Ida

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Neb.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2nd

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive ~~or stillborn~~) at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. H. Scott M D

(Physician ~~or Midwife~~)

Rupert - Ida

Address _____

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed Sept 10 1912 V. R. Killeen Registrar

S-Y CO., 16670

APR 16 1942

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

8002

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City ____ Street and House No. ____ County ____

Registered Number 49

Registration District No. 29

Sex of Child Female

Date of Birth, Aug. (Month) 10 (Day) 1912 (Year)

Full Name — Father: Chas Barber

Full Maiden Name — Mother: Hattie Jolly

I HEREBY CERTIFY that the child described herein has been named:

Gaye Winsford Barber
(Given name in full) (Surname)

as reported by Chas Barber
(Father or Mother)

E. R. Killam
(Local Registrar)

IDAHO STATIONERY & PRINTING CO- LTD., BOISE

365 208 1032-812

PLACE OF BIRTH

County of Lincoln

City of Acequia

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 29 File No. 8003

Primary Registration District No. 2015 Registered No. 48

FULL NAME OF CHILD Katherine May Lovin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug 8, 1912

FATHER		MOTHER	
FULL NAME	Scott Lovin	FULL MAIDEN NAME	Grace Hastings
RESIDENCE	Acequia Ida	RESIDENCE	Acequia Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 9 a M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Scott M D

Rupert Ida

(Physician ~~or Midwife~~)

Given names added from a supplemental report

____ 19____

Address ____

Filed Sept 10 1912 V. P. Killen

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 9 1950

455-105-032-294

PLACE OF BIRTH

County of Lincoln

City of ____

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 29 File No. 8004

Primary Registration District No. 2015 Registered No. 47

FULL NAME OF CHILD Glen Simeon Deno

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 5 1912

FATHER		MOTHER	
FULL NAME	Frank Deno	FULL MAIDEN NAME	Jennie Simpson
RESIDENCE	Acequia Ida	RESIDENCE	Acequia Ida
COLOR	White	AGE AT LAST BIRTHDAY	37 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Mont.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Scott M. D.

Rupert Idaho

(Physician ~~or Midwife~~)

Given names added from a supplemental report

____, 19____

Address ____

Filed Sept 10 1912 V. R. Killeen

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 1 7 1977

693-21-0616-356

[redacted] PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Oakley

No. ____ St.

Hospital ____

Registration District No. 31 File No. 8005

Primary Registration District No. 2126 Registered No. 142

FULL NAME OF CHILD Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female			yes	May 19 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy Wilson	Lena Lewis
RESIDENCE	Oakley	Oakley
COLOR	white	white
AGE AT LAST BIRTHDAY	28 (Years)	23 (Years)
BIRTHPLACE	Idaho	Nebraska
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was dead (Born alive or stillborn) at 5P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. O. Wilson

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

.....
Registrar

Address .....

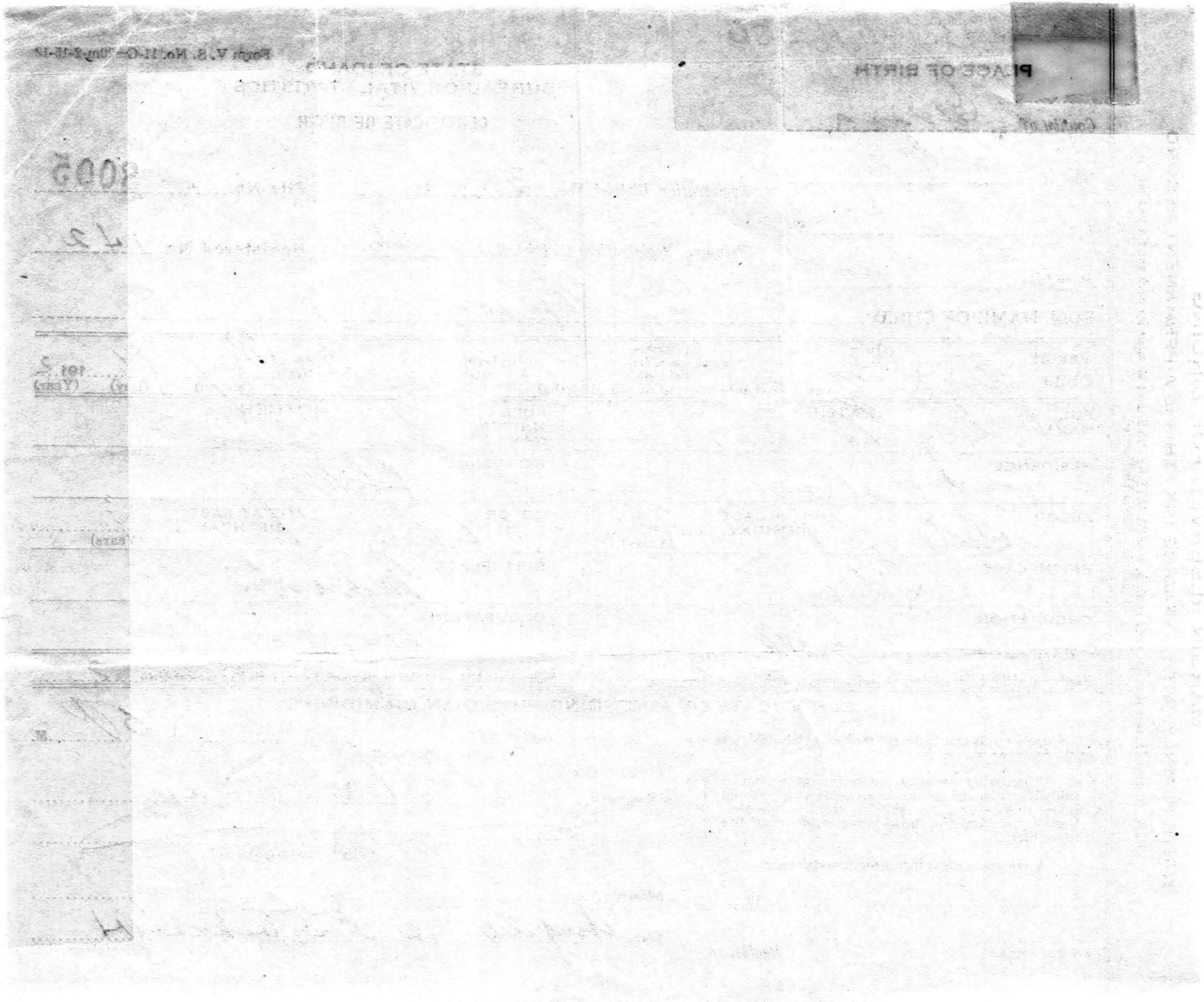
Filed Aug 20 1912 L B Stockdale
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



413-223-016-395

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ____ St.

Hospital ____

Registration District No. 31 File No. 8006

Primary Registration District No. 2126 Registered No. 143

FULL NAME OF CHILD Raida Macpherson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female			yes	May 23 (Month) (Day) 191[illegible] (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jens Macpherson	Vina Tousley
RESIDENCE	Oakley	Oakley
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Utah	Utah
OCCUPATION	Salesman	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was female (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. O. Hudson

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Aug 20 19 12 L. B. Stockdale

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1971

3-16-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 4 11 51 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 8006

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Matthews (Name on Original Certificate) who was born (Was Born or Died) on May 23, 1912 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Raida

Subscribed and sworn to before me this 31 day of October, 1975

Notary Public, residing at Burley Idaho
My commission expires May 20, 1977
(Seal)

Signed Edith Warr
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

114 East 17th St. Burley Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of October, 1975

Notary Public, residing at Burley Idaho
My commission expires May 20, 1977
(Seal)

Signed Rachel M. Larson
(Signature of Any Credible Person)

Rt 3 Box 364 Burley, Ida
(Street Address, City, State)

FORM DH 60-155

1 copy pd Rec. # 9178 (M)

Childs certificate of blessing states that mother of child is Raida Matthews. Child, Blaine Lamar Halford was born ~~Jan~~ April 30, 1951 at Burley and Blessed June 3, 1951 in L.D.S.Church.
Viewed by V.S.

NOV 5 1975

Own childs birth certificate on file with state of Idaho, # 51-4298 gives maiden name of mother as Raida Matthews. Child born April 30, 1951.
Viewed by V.S.

363.206.016-363

PLACE OF BIRTH

County of Cassia

City of Marion

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 8007

Primary Registration District No. 2126 Registered No. 144

FULL NAME OF CHILD February Leverda Jane Tolman

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	June 6 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Parley Tolman	Vilate Tolman
RESIDENCE	Marion	Marion
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. O. Tolman (Physician or midwife)

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

Filed Aug. 20 19 12 L. B. Hatchenson Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 1 81966
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 8007

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Tolman (female child) (Name on Original Certificate) who was born (Was Born or Died) on June 6, 1912 (Date of Event)
in Marion, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Leverda Jane Tolman

Subscribed and sworn to before me this 16th day of May, 19 66.

Notary Public, residing at Burley, Idaho

My commission expires July 15, 1966

(Seal)

Signed Parley L. Tolman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

824 Oakley Ave., Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 5-9-66. one copy pd. rec. #10998.

Page from Family Genealogy Book, page 188 gives full name as Leverda Jane Tolman, born June 6, 1912 parents names are given as Parley Lambert Tolman and Linda Vilate Tolman viewed by V S.

JUL 20 1966

Photo Copy of Page from Family Record gives one full name as Leverda Jane Tolman born June 6, 1912 viewed by V.S. - appears old and unaltered -

DEC 9 1974

43-218-016-83

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Name added 8-13-81

County of Cassia

City of Oakley

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 31 File No. 8008

Primary Registration District No. 2176 Registered No. 145

FULL NAME OF CHILD Dorothy Maude Millard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	June 18 1912

FATHER

FULL NAME John Millard

RESIDENCE Oakley

COLOR white AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Idaho

OCCUPATION Salesman

MOTHER

FULL MAIDEN NAME Etta Halverson

RESIDENCE Oakley

COLOR white AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Utah

OCCUPATION housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Nelson

(Physician or midwife)

Address ____

Given names added from a supplemental report

..... 19.....

Filed Aug 20 19 12 L. B. Stockdale

Registrar

..... Registrar

S-Y CO. 20174

L.D.S. Church Cert. of Baptism and Confirmation, June 20, 1920 gives full name of child as Dorothy Maude Millard, born June 18, 1912 at Oakley, Idaho to John J. Millard and Etta Halverson - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 8008

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Millard (Name on Original Certificate) who born (Was Born or Died) on June 18, 1912 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Dorothy Maude Millard
Full Maiden Name of Mother	Etta Halverson	Etta Halverson
		Halverson

Subscribed and sworn to before me this 22nd day of June, 1960.
Wallace A. Hale
Notary Public, residing at Oakley Idaho
My commission expires May 20 / 1964
(Seal)

Signed Gertrude Halverson Olson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Oakley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of June, 1960.
Wallace A. Hale
Notary Public, residing at Oakley Idaho
My commission expires May 20 / 1964
(Seal)

Signed Fred L. Olson
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55.155 CL 2-26-60. nm

Family Record Book gives name as Dorothy Maude Millard born June 18, 1912, in Oakley, Idaho, to John Joseph Millard and Etta Emile Halverson.
Family Record obviously old.
Viewed by V.S.

2nd document listed on front of affidavit.

Viewed by V.S.

469-126-016-216

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Marion

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 — File No. 8009

Primary Registration District No. 2126 — Registered No. 146

FULL NAME OF CHILD ROBERT L. MORRIS Morris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	June 26 1912

FATHER		MOTHER	
FULL NAME	W. G. Morris	FULL MAIDEN NAME	Stella Jeffers
RESIDENCE	Marion	RESIDENCE	Marion
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ills.	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. O. Nielsen

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Aug. 20 1912 L. B. Stockdale

Registrar

S-Y CO. 20174

COND

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of New York }
County of Erie } ss.

Certificate No. 8009

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Robert L. Morris (Name on Original Certificate) who born (Was Born or Died) on June 26, 1912 (Date of Event)
in Marion, Idaho (Place of Event) ~~or omission or~~ were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on June 27, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Robert L. Morris	(No certificate filed)	Robert L. Morris
name	none given	Robert L. Morris

Subscribed and sworn to before me this 9th day of March, 1944

Alfred J. Beer
Notary Public, residing at Buffalo N.Y.
My commission expires March 30 1945
(Seal)

Signed Herbert L. Morris, (Parent)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Michael Rd, Orchard Park, N.Y.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of New York }
County of Erie } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 9th day of March, 1944

Alfred J. Beer
Notary Public, residing at Buffalo N.Y.
My commission expires March 30 1945
(Seal)

Signed Mrs. Stella Morris, (Parent)
(Signature of Any Credible Person (other Than Previous Year))
Michael Rd. Orchard Park N.Y.
(Street Address, City, State)

MAR 11 1944

578-257 Utb-253

STATE OF UTAH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ____ St.

Hospital ____

Registration District No. 31 File No. 8010

Primary Registration District No. 216 Registered No. 147

FULL NAME OF CHILD ERMA Elquist

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female			yes	June 27 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME	Will Elquist	FULL MAIDEN NAME I Bell
RESIDENCE	Oakley	RESIDENCE Oakley
COLOR	white	COLOR White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Nielson

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Aug 20 19 12 D B Stoddard

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of Los Angeles } ss.

Certificate No. 8010

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Erma Elquish (Name on Original Certificate) who was born (Was Born or Died) on June 27th 1912 (Date of Event)
in Oakley Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are ~~shown by~~ Record of mine ~~prepared on~~ (Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Erma Elquist

Subscribed and sworn to before me this 27th day of August 1942
C. V. Neher
Notary Public, residing at 306 E Valley Blvd Alhambra
My commission expires Nov 2nd 1943
(Seal)

Signed John M Elquist Brother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
9010 Central Ave, Los Angeles
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at
(Street Address, City, State)

My commission expires
(Seal)

SEP 2 1942

SEP 3 1942

269.270 C.C. 415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Meridian

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-1-11-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 8011

Primary Registration District No. 2176 Registered No. 148

FULL NAME OF CHILD Boren

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
girl			yes.	July (Month) 30 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Leo Boren	FULL MAIDEN NAME	Alice Mann
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Wilson

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Aug 20 19 12 L. B. Stockslager Registrar

S-Y CO. 20174

2[illegible]-12-16-396

CERTIFICATE OF BIRTH

Form V. S. No. 1-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No ____, ____ St.

Registration District No 31 File No. 8012

Primary Registration District No 21 M Registered No. 181

Hospital ____

FULL NAME OF CHILD ~~XXXXXXXXXX~~ Barbara Kuehl HAROLD JOHN KUEHL

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)		1st	yes	Sept 22 1912

FATHER	MOTHER
FULL NAME Rudolph Kuehl	FULL MAIDEN NAME Adella Tro
RESIDENCE Burley	RESIDENCE Burley
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Neb
OCCUPATION Carpenter	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Long M.D.

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

(Address) Burley Idaho

Filed Sept 5 1912 P. B. Tschaenger

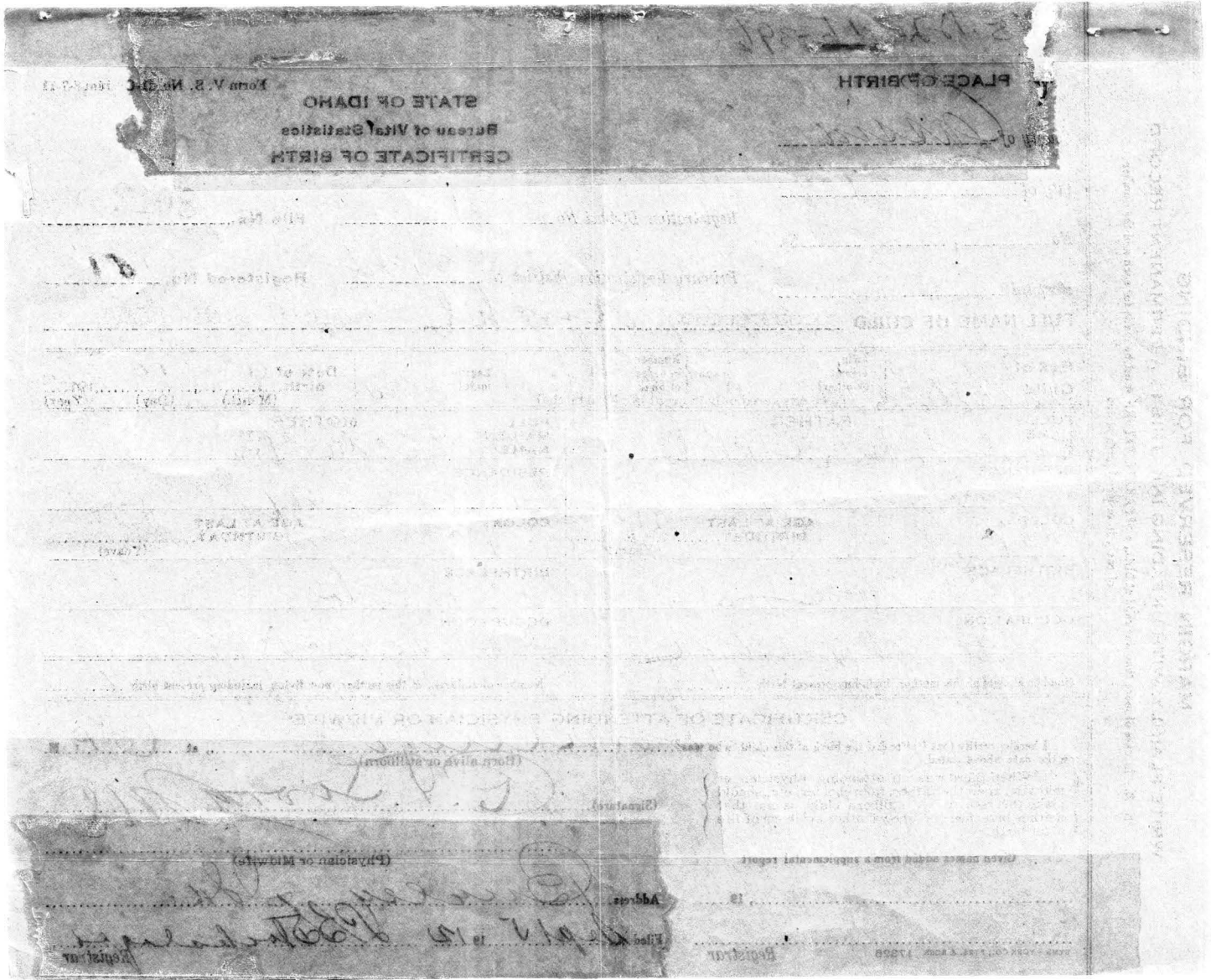
SYMS - YORK CO., PTRS. & BDRS. 17826 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Colorado } ss.
County of La Plata }

Certificate No. 8012
Date Filed FEB 25 1942

The undersigned does solemnly swear that certain facts ~~on the certificate~~ of Birth (BIRTH OR DEATH)
for Harold John Kuehl (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on August 22-1912 (DATE OF EVENT)
in Burley Idaho (PLACE OF EVENT) ~~are erroneous or were omitted; and that~~, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Kuehl	Harold John Kuehl

Applying for Birth Certificate as above

Subscribed and sworn to before me this 16th day of February, 19 42.

Mary E. Prisoner
Notary Public, residing at Durango, Colo.
My commission expires February 18-1942
(SEAL)

Signed Matilda Jacobina Kuehl
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Delta, Colorado
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 28 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley — Registration District No. 31 — File No. 8013

No. ____ St. — Primary Registration District No. 212 — Registered No. 152

Hospital ____

FULL NAME OF CHILD Moon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			No	8 - 29 1912

FATHER		MOTHER	
FULL NAME	Roy Wann	FULL MAIDEN NAME	Elaine V. Moon
RESIDENCE	Unknown	RESIDENCE	Burley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D. (Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Sept 1 19 12 L. B. Stockberger
Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUL 6 1960

587, 1191 #6-587

PLACE OF BIRTH

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31 File No. 8014

Primary Registration District No. 21st Registered No. 158

FULL NAME OF CHILD Robert E. Nygard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	8-19-1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Nygard	Melinda Nygard
RESIDENCE	Burley, Idaho.	Burley, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	35
BIRTHPLACE	Utah	Utah
OCCUPATION	Laborer	

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

..... 19.....

Filed Sept 1 19 12 L. B. Blackburn

Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 16 1953

763-207-066-144

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31 File No. 8015

Primary Registration District No. 21 W Registered No. 153

FULL NAME OF CHILD MILDRED Pace

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Aug. 7 1912

FATHER		MOTHER	
FULL NAME	P. L. Pace	FULL MAIDEN NAME	Agnes Judd
RESIDENCE	Burley, Idaho.	RESIDENCE	Burley, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho

Filed Sept. 1 1912 L B Stockdale Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 21 1967

1-16-69

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 8015

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Pace (Name on Original Certificate) who was born (Was Born or Died) on Aug 7, 1912 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Mildred

Subscribed and sworn to before me this 16 day of January, 1969

Hazel A. Winkelpleck
Notary Public, residing at Eagle, Idaho
My commission expires Sept. 28, 1972
(Seal)

X Signed Ray G Mitchell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R#2 Burley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Church Record states name as Mildred Pace born Aug 7, 1912 to Presley D. Pace and Agnes Judd.
Recorded in Cassia Stake, Springdale Ward. Entered on Record Dec. 1, 1912.
Viewed by V.S.

JAN 16 1969

Own childs birth certificate on file with State of Idaho gives name of mother as Mildred Pace, Certificate # 196343. Child born Nov. 30, 1931.
Viewed by V.S.

255-216-016-945

PLACE OF BIRTH name added 7-6-82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31

Primary Registration District No. 2124

File No. 8016

Registered No. 156

FULL NAME OF CHILD Elsie M. Bentley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	8 - 16 - 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C. W. Bentley	Hattie Rundall
RESIDENCE	Burley Ida.	Burley, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	24
BIRTHPLACE	Missouri	Oregon
OCCUPATION	Farmer	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 1 19 12 L B Stockton Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 4 1974

3-9-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 18 4 10 PM '82

State of California
County of Sacramento } ss.

Certificate No. 8016
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Bentley (Name on Original Certificate) who was born (Was Born, Died, etc.) on 8-16-12 (Date of Event)
in Burley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Elsie Maxine Bentley

OFFICIAL SEAL
J MYERS
NOTARY PUBLIC - CALIFORNIA
SACRAMENTO COUNTY
My comm. expires DEC 22, 1984

Subscribed and sworn to before me this 16th day of March, 19 82
Notary Public, J Myers
Residing at 5910 Auburn Blvd., Sacramento, Ca. 95841
My commission expires 12-22-84
(Seal)

Bentley
Elsie Maxine Bentley
Signature of Applicant
6441 Matterhorn Dr Sacramento Co. 95842
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Baker County Intermediate Education District gives Elsie Bentley was 7 years of age in 1919 and name appears on the school census record November 1919. Viewed by V.S.

Withholding Tax Statement for 1960 gives Elsie M Russell of Reno, Nevada Soc Sec. # 567 -05-2508. Viewed by V.S. Employer Veterans Adm Center in Reno, NV

748-231-016-448

PLACE OF BIRTH

STATE OF IDAHO

Form C. S. No. 11-C—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

Amended 9/4/75

City of Burley

Registration District No. 31

File No. 8017

No. ____, ____ St.

Primary Registration District No. 21M

Registered No. 17

Hospital ____

FULL NAME OF CHILD Merlyn Rae Guyman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	one	3	Yes	Aug 31, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ray Guyman	Ida Dayley
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	27
BIRTHPLACE	America	America
OCCUPATION	Farmer	

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Hulda Hallman

Midwife (Physician or Midwife)

Address Burley Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 5 19 12 L. B. Stockleigh

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 2 6 1974

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 8 11 56 AM '75

State of ..... } ss:
County of ..... }

Certificate No. 8017

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Guymon (female) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 31, 1912 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Merlyn Rae Guymon
mother's last name	Dayley	Dailey

Subscribed and sworn to before me this ..... day of
....., 19.....

~~Notary Public, residing at~~.....
My commission expires.....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of
April, 1975

Robert Jay Thompson
Notary Public, residing at Clearfield, Utah
My commission expires January 10, 1977
(Seal)

Signed Merlyn Rae Guymon
(Signature of Any Credible Person)

2614 W. 5725 S. Roy, Utah
(Street Address, City, State)

FORM DH 60-155 CL 6/25/74

Notification of Birth Registration from Salt Lake City gives child's name as Carl Ray Knudson born Mar. 12, 1944. father's name given as Jay Knudson and mother's nameas Merlyn Rae Guyman. viwed by V. S.

JUN 2 6 1975

Certif. of Baptismand Confirm. from the LDS Church gives name as Robert Lynn Knudson son of Jay Knudson and Merlyn Rae Guyman. Born April 14, 1948 at Logan, Utah. Was Baptized May 4, 1956. viewed by V. S.

RECEIVED
SEP 2 4 09PM '75
BUREAU OF VITAL STATISTICS

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 8017

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Merlyn Rae Guyman (Name on Original Certificate) who was born (Was Born or Died) on Aug. 31, 1912 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Legitimate	No	Yes

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of
August, 1975

Robert Ray Thurman
Notary Public, residing at Roy, Utah
My commission expires July 10, 1977
(Seal)

Signed Edward Guyman
(Signature of Any Credible Person)

2647 W. 5225 S. Roy, Utah
(Street Address, City, State)

FORM DH 60-155 CL 8/15/75 lcc pd.

Record of Living Sealings from the Salt Lake Temple gives names as Edward Ray Guyman and Ida S. Dayley. Sealed Dec. 22, 1905. viewed by V. S.

SEP 5 1975

719-N-cod 6-48

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Elba

No. ..... St.

Registration District No. 31

Primary Registration District No. 2135

File No. 8018

Registered No. 168

Hospital

FULL NAME OF CHILD La MONT PARISH

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Aug (Month) 15 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Robert Hardy Parish	FULL MAIDEN NAME	Anna Louise Mahoney
RESIDENCE	Elba Ida	RESIDENCE	Elba Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Albion Ida
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sales M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Sept 7 1912 L. B. Stockslager

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF [illegible]
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

Certificate

File No.

Registered

NAME OF CHIL

Male

FOR BINDING

FOR A PERMANENT RECORD

ed States (Be sure the information is as of date of birth of THIS child) State File No.....
artment of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.....
eau of the Census **STATE OF IDAHO** Reg. Dist. No.....

PLACE OF BIRTH (All items at time of this birth)
a) County Cassia (b) City Elba
c) Street Address or R.F.D. No.....
d) Name of Hospital or Maternity Home:
at home
e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Elba
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 24 y
3. RESIDENCE OF FATHER (city, state) Elba, Idaho

FULL NAME OF CHILD La Mont Parish
5. Date of Birth of Child (Month, day, year) 8-15-1912
Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD
FULL NAME Robert Hardy Parish
Color or Race white 12. Age at time of THIS birth 29 yrs.
Birthplace Elba (City or town) Idaho (State or foreign country)
Exact Occupation Merchant- Salesman
Industry or Business Mercantile

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Anna Louie Mahoney
17. Color or Race white 18. Age at time of THIS birth 24 y
19. Birthplace Albion (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Mercantile

Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE
I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 oclock P M. on the da
and at the place stated above, and that personal particulars were furnished by R.H.Parish (First name) (Last name), who
related to this child as Father (Mother, etc.)
Attendant's **OWN** signature L J Sater M.D. Midwife Address Albion, Idaho Date 3-21-42

APR 10 '34

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

305-109 016-993

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of _____

City of _____

No. _____ *St.*

Hospital _____

Registration District No. 31 **File No.** 8019

Primary Registration District No. 2131 **Registered No.** 17

FULL NAME OF CHILD Clyde J. Condit

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Aug 9 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leon A Condit	Mary Rice
RESIDENCE	Malta Ida	Malta Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	36
BIRTHPLACE	Iowa	Idaho
OCCUPATION	Farming	Home Wife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Sale M.D.
(Physician or midwife)

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

Filed Sept 7 19 12 L. B. Blackburn Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 12 1945

JUN 20 1974

JAN 6 1975

304 104 106-73

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of

No. *St.*

Hospital

Registration District No. 31 **File No.** 8020

Primary Registration District No. 215 **Registered No.** 160

FULL NAME OF CHILD Lawrence Bruce Young

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	yes	Sept 4 (Month) (Day) 191 2 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Bruce Young	Clara Belle Palmer
RESIDENCE	Heglar Ida	Heglar Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	19
BIRTHPLACE	Utah	Nebraska
OCCUPATION	farmer	Home mkr.

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sater MD
(Physician or midwife)

Address

Given names added from a supplemental report

.....19.....

Filed Sept 7 19 12 L B Stockdale
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-227-016-381

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Albion

No ____, ____ St.

Hospital ____

Registration District No. 31

File No. 8021

Primary Registration District No. 2125

Registered No. 138

FULL NAME OF CHILD Mariam Rush Good

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
female	X (To be answered only in event of plural births)		X	Yes	Aug. 27 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Linnard Good	FULL MAIDEN NAME	Margaret Ellen Chatburn
RESIDENCE	Albion	RESIDENCE	Albion Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Portland Ind	BIRTHPLACE	Conant Idaho
OCCUPATION	School teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5.35 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. B. Stocksdale

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Registrar

Filed Aug 28 1912 L. B. Stocksdale

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

SEP 11 1958

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ITAL STATISTICS, BOISE, IDAHO.

361 265 016 268

Amended 12-10-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 8022-
Local Reg. No. 151
Reg. Dist. No. 31

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Cassia	a. STATE: Idaho b. COUNTY: Cassia
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Burley	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Burley
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Georgie	Bernice	Coak

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	8 - 5 - 1912

FATHER OF CHILD

7. FULL NAME	a. (First)	b. (Middle)	c. (Last)
	George	C.	Coak

8. AGE (At time of this birth)	9. BIRTHPLACE (State of foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
24 YEARS	Nebraska	Iron Worker	

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)
	Josephine	B.	Bohme

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
21 YEARS	Calif.	0	0	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE	18. ATTENDANT AT BIRTH
Dr. J. C. Patterson, M.D.	M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Burley, Idaho	20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Sept. 1, 1912	22. REGISTRAR'S SIGNATURE: L.B. Stockslager	23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
SEP 3 1965
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 8022

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Georgia Coak (Name on Original Certificate) who was born (Was Born or Died) on Aug. 5, 1912 (Date of Event) in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Georgia Coak	Georgie Bernice Coak
Full Name of Father	G. C. Coak	George C. Coak
Full Maiden Name of Mother	Josephine Barber	Josephine Barbara Bohm

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colo } ss.
County of Denver }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of August, 1965

Notary Public, residing at 3001 W. Gill Pl.
My commission expires ~~My Commission expires~~ Nov. 25, 1968
(Seal)

Signed Albert W Coak
(Signature of Any Credible Person)

640 S Lowell
(Street Address, City, State) Denver Colo

FORM DH 60-155 CL 4-9-63. one copy pd. rec. #02107.

Certificate of Registration, State of Colorado-City and County of Denver, gives full name of child as Nancy Lee Huff, born Feb. 11, 1945 at Denver, Colorado to Edward Lee Huff, Jr. and Georgie Bernice Coak - viewed by V.S.

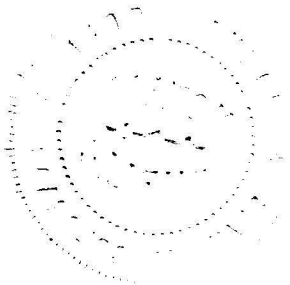
Certificate of Marriage, State of Colorado, gives full name of groom as Edward L. Huff, Jr. and full name of bride as Georgie Bernice Coak, married Sept. 3, 1932 at Denver, Colorado - viewed by V.S.

Post Card written to Miss Josephine Bohme, dated June 7, 1909-viewed by V.S.

Social Security Card, #521-10-4392 gives full name as George C. Coak - dated 6-13-38 viewed by V.S.

The Associated Hospital Insurance Card, cert. no. 1241304, dated Dec. 1, 1951 gives full name as George C Coak - viewed by V.S.

The Holy Sacrament of Matrimomy, married Jan. 7, 1911 at the Sacred Heart Church, Denver, Colorado - Catholic Church gives full name of groom as George C. Coak and full name of bride as Josephine B. Bohme - viewed by V.S.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 8022

Primary Registration District No. 21 Registered No. 152

FULL NAME OF CHILD Georgia Cook

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	8 - 5 - 191 2

FATHER

FULL NAME: G. C. Cook

RESIDENCE: Burley Idaho.

COLOR: White AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Nebraska

OCCUPATION: Structural Iron Worker

MOTHER

FULL MAIDEN NAME: Josephine Barker

RESIDENCE: Burley, Idaho.

COLOR: White AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Cal.

OCCUPATION:

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 1 1912 L. B. Stockberger Registrar

8-Y CO. 20174

DEC 10 1965

652-231-016-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Cassia

City of Burley

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 8023

Primary Registration District No. 2121 Registered No. 149

FULL NAME OF CHILD Margaretta Webb

Sex of Child	Twin, Triplet or other?	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.		X	Yes	Sept 8 1917

FATHER	MOTHER
FULL NAME: Milford Webb	FULL MAIDEN NAME: Margaretta Farnsworth
RESIDENCE: Burley Ida. R.F.D. No 2	RESIDENCE: Burley Ida R.F.D. No 2
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 6

Number of children, of this mother, now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 45 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Story M.D.

(Physician or Midwife)

Address Burley Ida.

Given names added from a supplemental report

....., 19.....

Filed Sept 17 1917 L B Stockdale

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUN 2 7 1974

415-105 : Nb-743

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Canyon

City of Marshfield

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 31 File No. 8024

Primary Registration District No 2124 Registered No. 1420

FULL NAME OF CHILD Earl James Davison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept 5 1912

FATHER		MOTHER	
FULL NAME	James Davison	FULL MAIDEN NAME	Ethel May Guthrie
RESIDENCE	Marshfield Ida	RESIDENCE	Marshfield Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Nebraska
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1:45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Story M.D.

(Physician or Midwife)

Address Berlin Ida

Given names added from a supplemental report

....., 19.....

Filed Sept 5 1912 L B Tocklenger

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

OCT 3 1973

JUL 2 6 1974

FEB 1 1 1976

[redacted] S-942

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Gifford

Registration District No. 15

File No. 8025

No. ____, ____ St.

Primary Registration District No. 2074

Registered No. 174

Hospital ____

FULL NAME OF CHILD Unnamed Blewett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.				July 23, 1912

FATHER	MOTHER
FULL NAME: Daniel W. Blewett	FULL MAIDEN NAME: Lillian A. Abbott
RESIDENCE: West of Gifford	RESIDENCE: Same
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Wis	BIRTHPLACE: Iowa
OCCUPATION: Rancher	OCCUPATION: House Wife

Number of child of this mother, including present birth: 6

Number of children, of this mother, now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Ed. Douglass M.D.

(Physician or Midwife)

Address Gifford Ida.

Given names added from a supplemental report

..... 19.....

Filed 8-25 1912 Ed. E. Watts

9-16-1912 L.P. Perkins

..... Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nezperce

City of Southwick

Registration District No. 16 File No. 8026

No. ____, ____ St.

Primary Registration District No. 2076 Registered No. 178

Hospital ____

FULL NAME OF CHILD [illegible] Douglass - Carlton Oliver

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day)
Male			yes	May 25

FATHER

FULL NAME: STEVE Douglass

RESIDENCE: Southwick

COLOR: White AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Carpenter.

MOTHER

FULL MAIDEN NAME: Hattie Bergquist

RESIDENCE: Southwick

COLOR: White AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: ____

Number of children, of this mother, now living, including present birth: ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 [illegible] M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Vadnais

(Physician or Midwife)

Given names added from a supplemental report

____, 19____

Address Lenore Idaho

Filed 9-10 19 12 [illegible] Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DOUGLAS

DUP OF 1912
307788

Form V. S. No. 27B—1M-6-20-11.

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

8026

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City... Southwick
Street and House No.....
County... Nez Perce

Registered Number,... 198

Registration District No.... 16

Sex of Child. Male

Date of Birth, Aug. (Month) 25 (Day) 1912 (Year)

Full Name (Father) Steve Douglass

Full Maiden Name (Mother) Hattie Berreman

I HEREBY CERTIFY that the child described herein has been named:

Carlton Oliver Douglass
(Given name in full) (Surname)

as reported by Mrs. Hattie Douglass
(Father or Mother)

L. J. Perkins
(Local Registrar)

S-Y CO. 16659

619-226-035-719

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

8027

County of Nez Perce

City of Reek

Registration District No. _____ File No. _____

No. _____, _____ St.

Primary Registration District No. 07-1 Registered No. 179

Hospital _____

FULL NAME OF CHILD Mildred Isabelle Fairley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	8 26 191 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl Emmit Fairley	Helen Amelia Parks
RESIDENCE	Reek	Reek
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Kansas	Canada
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. M. Jones

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Reek Idaho

Filed 9-10 19 12 L. J. Berkin

SYMS - YORK CO., PTRS. & SDRS. 17326 Registrar

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of

Form V. S. No. 27B—1M-6-20-11.

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

8027

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City.... Peck

Street and House No.....

County.... Nez Perce

Registered Number,.... 179

Registration District No.... 16

Sex of Child.... Female

Date of Birth, Aug. (Month) 26 (Day) 1912 (Year)

Father

Full Name Earl Emmet Fairley

Mother

Full Maiden Name Helen A. Parkes

I HEREBY CERTIFY that the child described herein has been named:

Mildred Isabelle Fairley

(Given name in full) (Surname)

as reported by Helen A. Fairley

(Father or Mother)

L. J. Certain

(Local Registrar)

S-Y CO. 18659 This name is spelled Fairley and not Farley

DEC 18 1941

DEC 4 1958

Form V. S. No. 11-C—10m-6-26-H

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Slickpoo

Registration District No. 16

File No. 8028 27

No. ____, ____ St.

Primary Registration District No. 2073

Registered No. 180

Hospital ____

FULL NAME OF CHILD HARRIET RUTH CRUMM

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.	✓	6	Yes	Aug 27, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elmer Crumm	Mabel Clara
RESIDENCE	Slickpoo	Slickpoo
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	33
BIRTHPLACE	Iowa	Neb.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or dead~~) at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Ragsdale

(Physician or Midwife)

Address Culdesac

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Aug 28, 19 12 J. H. Ragsdale Registrar

9-10-1912 A. J. Perkins

S-Y CO., 16670

PLACE OF BIRTH

County of

City of

Registration District No. 16 File No. 2728

CERTIFICATE OF BIRTH

Bureau of Vital Statistics

STATE OF IDAHO

Form P. S. No. 11c—Jan. 6-30-3

Form V. S. No. 27B—1M-6-20-11.

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

8028

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Lucia pco

Street and House No.

County Nez Perce

Registered Number, 180

Registration District No. 16

Sex of Child Female

Date of Birth, Aug. 27 (Month) (Day) 1912 (Year)

Full Name of Father Omer Crumm

Full Maiden Name of Mother Mabel Clare

I HEREBY CERTIFY that the child described herein has been named:

Harriet Ruth Crumm
(Given name in full) (Surname)

as reported by Mabel Crumm
(Father or Mother)

R. J. Perkins
(Local Registrar)

S-Y CO. 18659

719.2191035-614

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Culdesac Registration District No. 16 File No. 8029

No. ____, ____ St. Primary Registration District No. 2073 Registered No. 1703

Hospital ____

FULL NAME OF CHILD Helen Marie Partridge

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓	1	Yes	Aug 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Partridge	Lula Wampner
RESIDENCE	Culdesac	Culdesac
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	18
BIRTHPLACE	Minn.	S. Dak.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Ragsdale

(Physician or Midwife)

Address Culdesac

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Aug. 20 19 12 J. N. Ragsdale Registrar

9-10-1912 E. J. Perkins

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V.S. No. 1EC—Rev. 1949

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JUL 29 1974

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. JUL 29 4 01 PM '74

County of ..... }

Certificate No. 8029

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Partridge (female) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 19, 1912 (Date of Event)

in Culdesac, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Helen Marie Partridge

Subscribed and sworn to before me this 17th day of July, 19 74

Notary Public, residing at 21902 SE Alder Dr.

My commission expires My Commission Expires March 20, 1978 (Seal)

Signed Ella Partridge George. (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7100 SE Division Portland Ore. 97206 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.

County of Multnomah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of July, 19 74

Notary Public, residing at 21902 SE Alder Dr.

My commission expires My Commission Expires March 20, 1978 (Seal)

Signed Marjorie M. Scott (Signature of Any Credible Person)

10808 NE Sandy Blvd (Street Address, City, State) Portland Oregon

FORM DH 60-155

CL 5/23/74 nm

Certif. of birth from Oregon for Alice Maire Willis born June 5, 1949 gives father's name as Albert Lee Willis and the mother's name as Helen Marie Partridge. File No. 15505. viewed by V. S.

JUL 30 1974

Letter from Holladay Park Hospital in Portland, Oregon gives name as Helen M. Willis (Partridge) born 8-20-12. earlist date in hospital 6-26-68. viewed by V. S.

463-11 8, 035-255

PLACE OF BIRTH

Form V. S. No. 11-C—10m-6-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

8030

County of Nez Perce

City of Culdesac

Registration District No 16 File No.

No ....., ... St.

Primary Registration District No. 2073 Registered No. 193

Hospital .....

FULL NAME OF CHILD Raymond Howard Doty

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1st	yes	Aug 15, 1912

	FATHER	MOTHER
FULL NAME	Perry Doty	Goldie M Snell
RESIDENCE	Culdesac	Culdesac
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	17
BIRTHPLACE	Oregon	Wisconsin
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Ragsdale MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Culdesac Ida.

Filed Aug 19 1912 J H Ragsdale

9-16-1912 C. J. Perkins

SYMS - YORK CO., PTRS. & SDRS. 17826

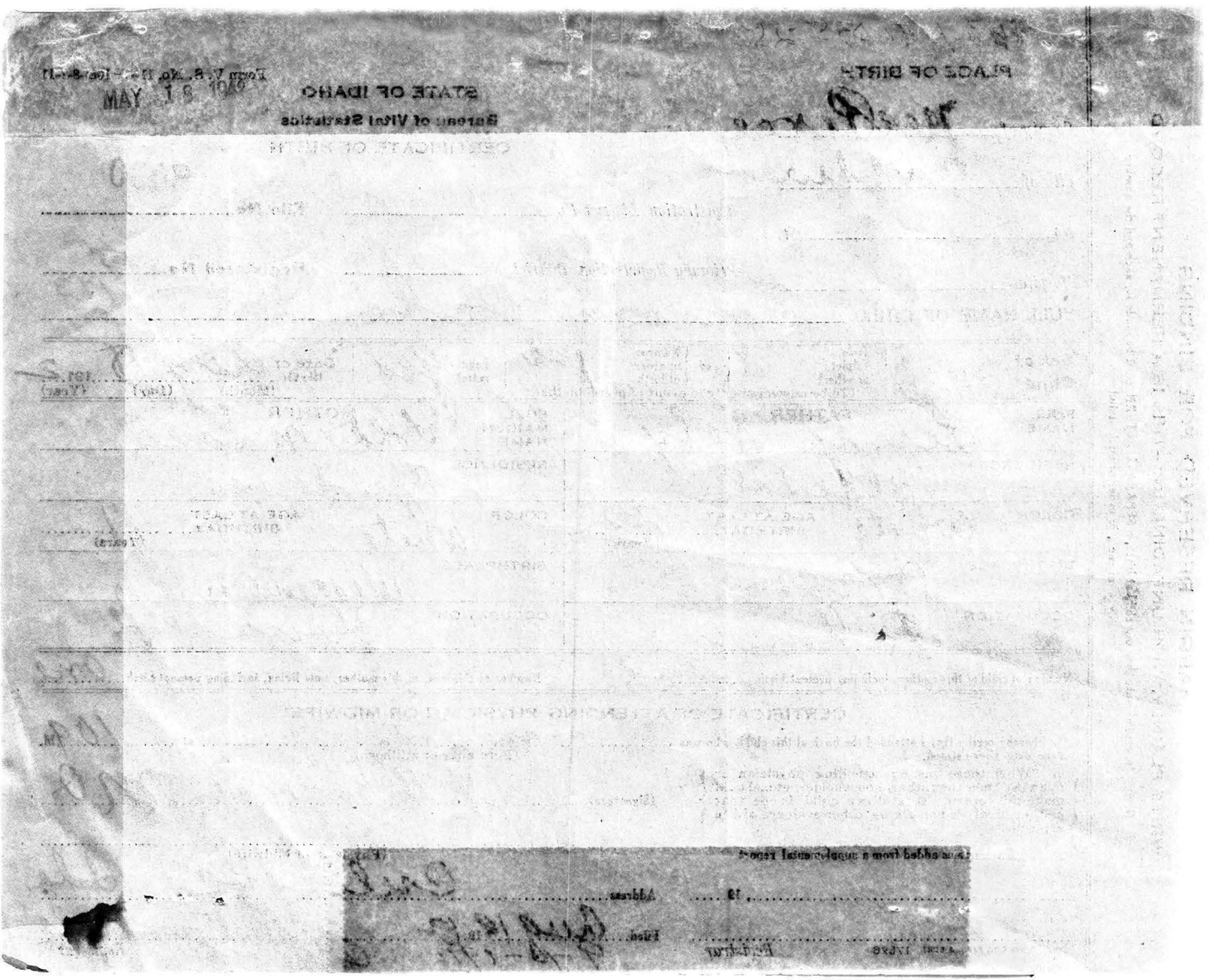
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

8-030

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Cuddesac
Street and House No.
County Nez Perce

Registered Number 173

Registration District No. 16

Sex of Child M.

Date of Birth, Aug. (Month) 18 (Day) 1912 (Year)

Full Name Father Perry Doty.

Full Maiden Name Mother Goldie M. Snell

I HEREBY CERTIFY that the child described herein has been named:

Raymond Doty.
(Given name in full) (Surname)

as reported by Perry Doty.
(Father or Mother)

S. J. Perkins
(Local Registrar)

one "t" in place of two

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

MAY 17 1962

MAR 5 1975

433-205035-418

PLACE OF BIRTH

Form V. S. No. 11-C.—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston — Registration District No. 16 — File No. 8031

No. ____, ____ St. — Primary Registration District No. 1009 — Registered No. 165

Hospital St. Joseph's

FULL NAME OF CHILD Georgiana McClure

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Aug. 5, 1912

FATHER		MOTHER	
FULL NAME	W. W. McClure	FULL MAIDEN NAME	Anna Day
RESIDENCE	Lewiston	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Va	BIRTHPLACE	
OCCUPATION	Merchant	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 11 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

____, 19____

Registrar

Filed 9-10 1912

L. J. Perkins
Registrar

S-Y CO. 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 1 3 1942

Named for card, 11-10-42 C.A.

Form V. S. No. 2—1M-6-20-11.

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

8031

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Lewiston

Street and House No.

County Nez Perce

Registered Number, 165

Registration District No. 16

Sex of Child Female

Date of Birth, Aug. (Month) 5 (Day) 1912 (Year)

Full Name of Father W. M. McClure

Full Maiden Name of Mother Anna Day

I HEREBY CERTIFY that the child described herein has been named:

Georgiana McClure
(Given name in full) (Surname)

as reported by W. M. McClure
(Father or Mother)

L. J. Perkins
(Local Registrar)

S-Y CO. 18659

569-201-035-569

PLACE OF BIRTH

County of Ney Perce

City of Pleasant

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 8032

Primary Registration District No. 2075 Registered No. 162

FULL NAME OF CHILD RUBY CRYSTAL NORRIS

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	8 – 1, 1913

FATHER		MOTHER	
FULL NAME	Thomas Winfred Norris	FULL MAIDEN NAME	Ada Crystal Norris
RESIDENCE	Reck	RESIDENCE	Reck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mo	BIRTHPLACE	Oreg
OCCUPATION	farmer	OCCUPATION	housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive or stillborn at 3:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Byle

(Physician or Midwife)

Address Reck

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 9-10 19 12 L J Perkins
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 17 1942
S&OB

AUG 1 0 1951

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

8039

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Peck
Street and House No.
County Nez Perce

Registered Number 162
Registration District No. 16

Sex of Child Female

Date of Birth, 8 (Month) 1 (Day) 1912 (Year)

Full Name of Father T. Thomas W. Norris

Full Maiden Name of Mother Ada Norris

I HEREBY CERTIFY that the child described herein has been named:

Ruby Crystal Norris.
(Given name in full) (Surname)

as reported by Mother.
(Father or Mother)

L. J. Perkins
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

219-204-035-652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form U. S. No. 11-C. Rev. 8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Nez Perce

City of Leland

No. ....., ... St.

Hospital .....

Registration District No. 16 File No. 18033

Primary Registration District No. 2076 Registered No. 164

FULL NAME OF CHILD Georgine E. Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one	and	Yes	August 4, 1912

FATHER		MOTHER	
FULL NAME	Russell M. Smith	FULL MAIDEN NAME	Viola Webster
RESIDENCE	Leland Idaho	RESIDENCE	Leland Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Missouri
OCCUPATION	Hardware Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Borne alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Stoneburner M.D.

(Physician or Midwife)

Address Leland Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug. 14 1912 Dr. J. W. Stoneburner

9-10-1912 [illegible]

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

863-212 035-367

Form V. S. No. 11-3—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Nez Perces

City of Nez Perce — Registration District No. 16 — File No. 8034

No. ____, ____ St. — Primary Registration District No. 2075 — Registered No. 189

Hospital ____

FULL NAME OF CHILD ETHEL HOLLINGSWORTH

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		2	Yes	6-12-191[illegible]

FATHER		MOTHER	
FULL NAME	Oscar Franklin Hollingsworth	FULL MAIDEN NAME	Madge Myrtle Logan
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Miss	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Sipe

(Physician or Midwife)

Address Peck

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 9-10 19 12 L. J. Perkins
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

Form V. S. No. 27B—1M-6-20-11.

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

80347

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City... Peck

Street and House No.....

County.... Nez Perce

Registered Number,... 189

Registration District No.... 16

Sex of Child... Female

Date of Birth, 6 (Month) — 12 (Day) 1912 (Year)

Full Name of Father: Oscar F. Hollingsworth

Full Maiden Name of Mother: Madge M. Logan

I HEREBY CERTIFY that the child described herein has been named

Ethel Hollingsworth
(Given name in full) (Surname)

as reported by Oscar Hollingsworth
(Father or Mother)

L. J. Perkins
(Local Registrar)

S-Y CO. 18659

JUL 9 1970

236-223-035-114

STATE OF IDAHO — Form V. S. No. 11-C—15m-6-21-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County of Nez Perce

City of near Melrose

No. ____, ____ St.

Hospital

Registration District No. 14 — File No. 8035

Primary Registration District No. 2075 — Registered No. 190

FULL NAME OF CHILD Lottie Agness Scott

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		3	Yes	6 — 23, 1912

FATHER		MOTHER	
FULL NAME	Chas. L. Scott	FULL MAIDEN NAME	Myrtle E. James
RESIDENCE	Melrose	RESIDENCE	Melrose
COLOR	W	AGE AT LAST BIRTHDAY (Years)	25
COLOR	W	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ohio	BIRTHPLACE	Oreg
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Tyler (Physician or Midwife)

Address Reed

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 9-10 19 12 L. J. Perkins
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

9VV-208-635-396

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ida Peces

City of Near Lewis

No ....., ... St.

Hospital .....

Registration District No 16 File No. 8036

Primary Registration District No. 2076 Registered No. 182

FULL NAME OF CHILD Eunice Sarah Ruddell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Female			Yes	July 9, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ivy Otis Ruddell	FULL MAIDEN NAME	Betty Elizabeth Crowell
RESIDENCE	Near Lewis	RESIDENCE	Near Lewis
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Hamilton Co. Ohio	BIRTHPLACE	Ft Smith Ark
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H M Jones

Physician

(Physician or Midwife)

Address Rock Island Idaho

Given names added from a supplemental report

....., 19.....

Filed 9-10 1912 L J Perkins

.....
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the name of each, in order of birth stated

ID 05-90309

FEB 28 1952

Form V. S. No. 27B—1M-6-20-11.

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

8036

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Lenore

Street and House No.

County Nez Perce

Registered Number, 182

Registration District No. 16

Sex of Child Female

Date of Birth, July 9 (Month) (Day) 1917 (Year)

Full Name of Father Guy Otis Ruddell

Full Maiden Name of Mother Betty C Croyuly.

I HEREBY CERTIFY that the child described herein has been named:

Annie Sarah Ruddell

(Given name in full) (Surname)

as reported by G. O. Ruddell

(Father or Mother)

L. J. Perkins

(Local Registrar)

S-Y CO. 18659

* Ninth of July and not the 8th as has been reported.

355.129.035-355

PLACE OF BIRTH

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perces

City of Peck

Registration District No. 16

File No. 8037

No. ____, ____ St.

Primary Registration District No. 2075

Registered No. 185

Hospital ____

FULL NAME OF CHILD WILLIAM EMMETTE LEEPER

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		6	Yes	7-29, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence Emmett Leeper	Mary Isabella Leeper
RESIDENCE	Peck	Peck
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	40	34
BIRTHPLACE	Mo	Kan
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. M. Tyler

(Physician or Midwife) Peck Idaho

Address .....

Filed 9-10 1912 L. J. Perkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

8037

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Peck
Street and House No. ____
County Nez Perce

Registered Number 185
Registration District No. 16

Sex of Child Male

Date of Birth, 7 (Month) — 29 (Day) 1912 (Year)

Full Name of Father Clarence Leeper

Full Maiden Name of Mother Mary I Leeper

I HEREBY CERTIFY that the child described herein has been named:

William Emmette Leeper
(Given name in full) (Surname)

as reported by Not signed
(Father or Mother)

L. J. Perkins
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

122-22-035-614

MARGIN RESERVED FOR BINDING - WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] Y. & No. [redacted]

PLACE OF BIRTH

County of Nez Perce.

City of Lewiston

No. 419 Snake River Ave

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended 7/11/74

Registration District No. 16

Primary Registration District No. 1009

File No. 8039

Registered No. 176

FULL NAME OF CHILD Leutitia May Abbott.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Aug 22 1912

FATHER		MOTHER	
FULL NAME	Isaac Abbott	FULL MAIDEN NAME	Mannie May Wade
RESIDENCE	Ahsahka, Ida	RESIDENCE	Ahsahka, Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) L.E. Perkins
(Physician or midwife)

Address Lewiston Idaho

Filed 9-10 1912 L.J. Perkins
Registrar

S-Y CO. 20174

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

7 8 74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 11 11 24 AM '74

State of ..... } ss.
County of .....

Certificate No. 8039

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Leutecha May Abbott (Name on Original Certificate) who was born (Was Born or Died) on Aug. 22, 1912 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Leutecha	Leutitia

Subscribed and sworn to before me this 8 day of
July, 1974

Notary Public, residing at Boise, Id
My commission expires Sept 18, 1977
(Seal)

Signed Julian Darlene Schwartz
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

10525 Meadowlark Dr. Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate Kenneth Schwartz born July 14, 1929 at Weiser, Idaho , State File # 174387 gives mothers name as Leutitia May Abbott.
Viewed by VS

JUL 11 1974

State of Oregon Department of Education , Elementary School Diploma dated May 18, 1928 by John T. Hawkes, Teacher gives name as Leutitia May Abbott.
Viewed By VS

168-219075-692

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No 1508 Snake R. Ave

Hospital

STATE OF IDAHO — Form V. S. No. 11-C—15m-6-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 — File No. 8040

Primary Registration District No. 1009 — Registered No. 174

FULL NAME OF CHILD Freya Dorothy Johnson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	8 19 1912

FATHER		MOTHER	
FULL NAME	Charles A. Johnson	FULL MAIDEN NAME	Clara H. Fish
RESIDENCE	Lewiston, Ida	RESIDENCE	Lewiston, Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Madena, Iowa	BIRTHPLACE	Elysian, Minn.
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth A. Todd

(Physician or ~~Midwife~~)

Address Lewiston, Ida.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 9-10 19 12 L. J. Venton
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 1 4 1969

318-106-035-319

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 8041

Primary Registration District No. 1009 Registered No. 167

FULL NAME OF CHILD Russel Bevis Taylor

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		2	yes	August 6, 1912

FATHER		MOTHER	
FULL NAME	Daniel J Taylor	FULL MAIDEN NAME	Nora F B-arpenter.
RESIDENCE	Culdesac. Idaho	RESIDENCE	Culdesac Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L F Forman

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 9-10 19 12 L J Parkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 30 1941

APR 22 1963

96-109-035-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Nez Perce

City of Culdesac

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 16 — File No. 8042

Primary Registration District No. 2073 — Registered No. 168

FULL NAME OF CHILD Charles Proper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2nd	Yes	Aug 9 1917

FATHER	MOTHER
FULL NAME: Leland G. Proper	FULL MAIDEN NAME: Lucile A Jennings
RESIDENCE: Culdesac	RESIDENCE: Culdesac
COLOR: White — AGE AT LAST BIRTHDAY: 33 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Mich	BIRTHPLACE: Culdesac
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~), at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Ragsdale

(Physician or Midwife)

Address Culdesac

Given names added from a supplemental report

____, 19____

____ Registrar

Filed July 6 1917

J. H. Ragsdale Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

9-10-1912 L. Hutchins

SEP 8 1943

645-2-12-035-349

Amended 10-6-61

(Be sure the information is complete and accurate)

State File No. 8043
Local Reg. No. 169
Reg. Dist. No. 16

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): S.E. Melrose
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melrose
d. STREET ADDRESS (If rural, give location): S.E.

3. CHILD'S NAME (Type or print)
a. (First): Juanita
b. (Middle): I.
c. (Last): Finnell

4. SEX: F.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Aug. (Day) 12, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): John
b. (Middle): K.
c. (Last): Finnell

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 29 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Mo.

11a. USUAL OCCUPATION: Rancher

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Elsie
b. (Middle): E.
c. (Last): Curry

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 28 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Colorado

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?: 2
b. How many OTHER children were born alive but are now dead?: 1
c. How many children were stillborn (born dead after 20 weeks pregnancy)?: 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: A. J. Douglass, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Gifford, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 8-12-1912

20. REGISTRAR'S SIGNATURE: E.E. Watts

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

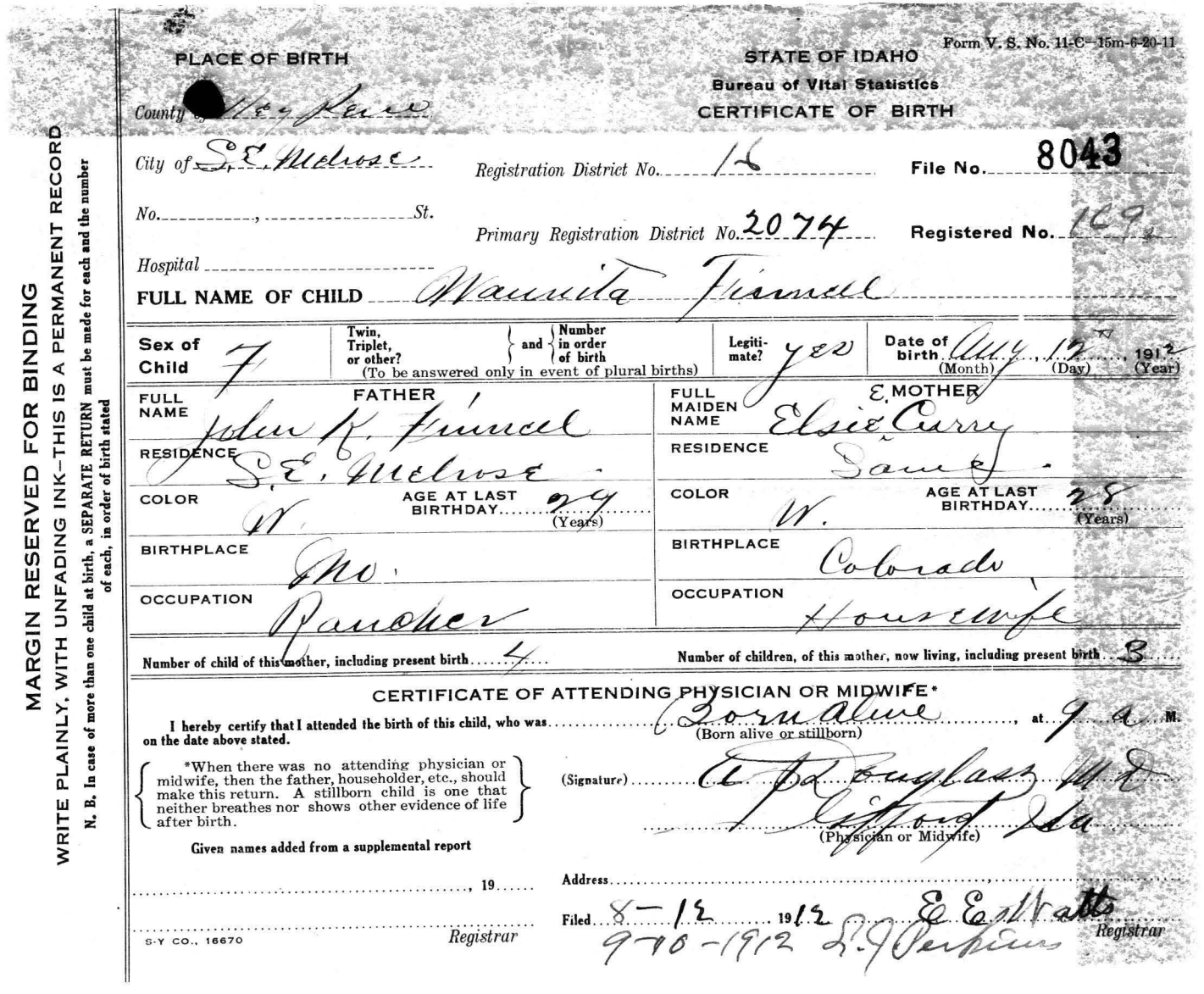
(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....



PLACE OF BIRTH

County of Bear Lake

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

City of S. E. Melrose — Registration District No. 12 — File No. 8043

No. ____, ____ St. — Primary Registration District No. 2074 — Registered No. 169

Hospital ____

FULL NAME OF CHILD Wannita Finnell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	Aug. 17 1912

	FATHER	MOTHER
FULL NAME	John K. Finnell	Elsie Carey
RESIDENCE	S. E. Melrose	Same
COLOR	W.	W.
AGE AT LAST BIRTHDAY	29 (Years)	28 (Years)
BIRTHPLACE	Ind.	Colorado
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Douglass M. D.
(Physician or Midwife)
Clifton Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 8-12 1912 E. E. Watts Registrar
9-10-1912 L. J. Perkins

S-Y CO., 16670

OCT 6 1961

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of Nez Perce }

Certificate No. 8043

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Waunita Finnell (Name on Original Certificate) who was born (Was Born or Died) on Aug. 12, 1912 (Date of Event)
in Melrose, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by High School Diploma marriage license Dec. 17, 1932 (Bible Record, Insurance Policy, Etc.) prepared on May 1931 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Waunita Finnell	Juanita I. Finnell

Subscribed and sworn to before me this 4TH day of October 1961

Joseph E. Adams Jr.
Notary Public, residing at Lewiston, Idaho
My commission expires July 1, 1962
(Seal)

Signed Elsie Finnell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1619 15th Ave, Lewiston, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Nez Perce }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4TH day of October 1961

Joseph E. Adams Jr.
Notary Public, residing at Lewiston, Idaho
My commission expires July 1, 1962
(Seal)

Signed Charles L. Elben
(Signature of Any Credible Person)

3433 11th St. Lewiston
(Street Address, City, State)

FORM DH 60-155 L 9-29-61.

Reubens High School Diploma, Reubens, Idaho, May 19, 1931 gives full full name of student as Juanita I. Finnell - viewed by V.S.

State of Idaho, County of Nez Perce, Marriage License and Certificate, married December 10, 1936 at Culdesac, Idaho gives full name of groom as Charles L. Elben and full name of bride as Juanita I. Finnell - viewed by V.S.

87-25-035-768

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11 C—5m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce.

City of Lewiston

Registration District No. 16

File No. 8044

No. 712, 3rd St.

Primary Registration District No. 1009

Registered No. 170

Hospital —

FULL NAME OF CHILD Eva Ruth Higby

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	— (To be answered only in event of plural births)	—	Yes	Aug 15, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Walter Higby.	Jennie Goheen.
RESIDENCE	Lewiston Ida	Lewiston Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	38
BIRTHPLACE	Pa.	Glenwood Iowa
OCCUPATION	Machinist	Housewife.

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 5th

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D.

(Physician or Midwife)

Address Lewiston Ida

Given names added from a supplemental report

....., 19.....

Filed 9-10 19 12 L. J. Perkins

S-Y CO., 16670 Registrar

Registrar

NOV 2 3 1943

866-115 1035-415

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 16 File No. 8045

No. 1418, 10th Ave St.

Primary Registration District No. 1009 Registered No. 171

Hospital

FULL NAME OF CHILD FRANCIS James Howell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Aug 15 1912

FATHER		MOTHER	
FULL NAME	Herbert E. Howell	FULL MAIDEN NAME	Clara Menning.
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Cottonwood Idaho.	BIRTHPLACE	Lewiston Idaho.
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D.

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

....., 19.....

Filed 9-10 1912 L. J. Perkins

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 10 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce }

Certificate No. 8045

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for James Howell (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on August 15, 1912 (DATE OF EVENT)
in Lewiston, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on August, 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	James Howell	Francis James [redacted] Howell

Subscribed and sworn to before me this 17th
day of August, 19 42

Notary Public, residing at Lewiston, Idaho
My commission expires Sept. 20, 1944
(SEAL)

Signed Clara E. Howell
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
1302-14th Ave., Lewiston, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce. }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of August, 1942

Notary Public, residing at Lewiston, Idaho
My commission expires Sept. 20th, 1944
(SEAL)

Signed James Manning
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
1320-11th St., Lewiston, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

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Form V. S. No. 11-C Rev. 2-10-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Woodside P.O.

Registration District No. 16 File No. 8046

No. ..... St.

Primary Registration District No. 2073 Registered No. 172

Hospital .....

FULL NAME OF CHILD Edith Adele Bonar

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	August 15th 1912

FATHER	MOTHER
FULL NAME John E. Bonar	FULL MAIDEN NAME Gertrude Workman
RESIDENCE Near Fairburn	RESIDENCE Near Fairburn
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Ill.	BIRTHPLACE Ill.
OCCUPATION Blacksmith	OCCUPATION Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated, at 2:40 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician (Physician or midwife)

Address Winchester Idaho

Given names added from a supplemental report

..... 19.....

Filed 9-10 19 12 L. J. Parkins

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—1m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 16

File No. 8047

No. ____, ____ St.

Primary Registration District No. 1009

Registered No. 166

Hospital N.

FULL NAME OF CHILD Sabin Ora Lyman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 6, 1912

FATHER		MOTHER	
FULL NAME	J. S. Lyman	FULL MAIDEN NAME	Ora Arbo
RESIDENCE	Stillwater, Minn. / Lewiston	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Stillwater, Minn.	BIRTHPLACE	Stillwater Minn.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Sept 10 19 12 L. J. Perkins
Registrar

S-Y CO., 16670

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 608 B. St.

Hospital

Registration District No. 16 File No. 8048

Primary Registration District No. 1009 Registered No. 163

FULL NAME OF CHILD Elizabeth Gilman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	8 4 1912

FATHER		MOTHER	
FULL NAME	Dudley Gilman	FULL MAIDEN NAME	Frances Sturgeon
RESIDENCE	Lewiston,	RESIDENCE	Lewiston
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Lewiston, Ida.	BIRTHPLACE	Penn.
OCCUPATION	Garbage Collector	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6 A.M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth A. Ladd

(Physician or ~~Midwife~~)

Address Lewiston, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 9-10 1912 L.J. Perkins Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Wash Dec-353

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Nez Perce

City of Culdesac

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 8049

Primary Registration District No. 2073 Registered No. 1847 Skidoo

FULL NAME OF CHILD Chas Clifford Wren

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
M.	(To be answered only in event of plural births)	7	Yes	July 13 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James E Wren	FULL MAIDEN NAME	Cora M Haviland
RESIDENCE	Culdesac	RESIDENCE	Culdesac
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Texas
OCCUPATION	Drayman	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. H. Ragsdale

(Physician or Midwife)

Address Culdesac

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed July 19—1912 L. J. Parker
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

249-217-035-791

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of New Reak

No ____, ____ St.

Registration District No 16 File No. 8050

Primary Registration District No. 2025 Registered No. 183

Hospital ____

FULL NAME OF CHILD Elizabeth Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) 191 (Year)
Female			Yes	7 17 191

FATHER		MOTHER	
FULL NAME	Charles Carl Smith	FULL MAIDEN NAME	Vida Graham
RESIDENCE	New Reak	RESIDENCE	New Reak
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Napoleon Indiana	BIRTHPLACE	Dunmay Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at ____ M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. F. Jones

Physician
(Physician or Midwife)

Address Reak Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 9-10 1912 L. J. Perkins Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

OCT 16 1964

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STATE OF IDAHO — Form V. S. No. 11-C—Ida. 430-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Clarkston

Registration District No. 16 — File No. 8051

No. ____, ____ St.

Primary Registration District No. 2074 — Registered No. 182

Hospital ____

FULL NAME OF CHILD Lloyd Rickman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	S		Yes	4 8, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lloyd Rickman	Josie Vow Moellen
RESIDENCE	Clarkston	Clarkston
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	17
BIRTHPLACE	Iowa	Minn
OCCUPATION	laborer	housewife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mour

(Physician or Midwife)

Given names added from a supplemental report

____, 19____ Address ____

Filed 9-5 1912 E. E. Watts Registrar

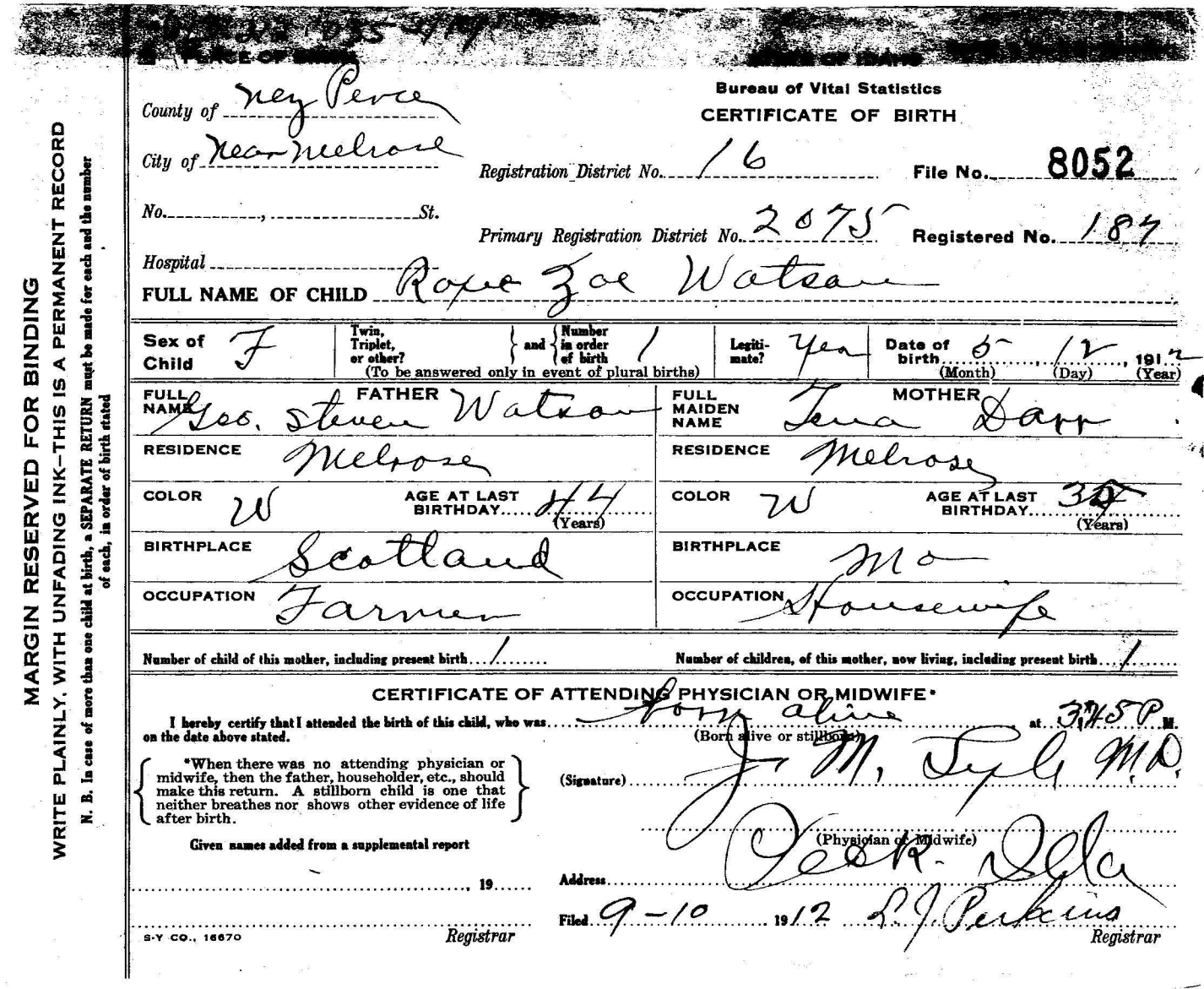
S-Y CO., 16670 Registrar

9-10-1912 L. J. Perkins.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



PLACE OF BIRTH

County of Nez Perce

City of Near Melrose

No. ____, ____ St.

Hospital ____

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 8052

Primary Registration District No. 2075 Registered No. 184

FULL NAME OF CHILD Rose Zoe Watson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		1	Yes	Oct 12, 1912

FATHER	MOTHER
FULL NAME Geo. Steven Watson	FULL MAIDEN NAME Lena Dapp
RESIDENCE Melrose	RESIDENCE Melrose
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 44 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Scotland	BIRTHPLACE Mo
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Tyler M.D.

(Physician or Midwife)

Address Peck Idaho

Given names added from a supplemental report

..... 19.....

Filed 9-10 1912 L. J. Perkins

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 30 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

445-11-0 55

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital Honey

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 3 File No. 8054

Primary Registration District No. 2007 Registered No. 244

FULL NAME OF CHILD Garret Muntgewerff

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	✓	✓	Yes	8, 11, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Cornelius Muntgewerff	Berndina Tenderstate
RESIDENCE	Parma	Parma
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	31
BIRTHPLACE	Holland	Holland
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4. a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. J. Lemen

M.D. (Physician or Midwife)

Address Parma Idaho

Given name added from a supplemental report

....., 19.....

Registrar

Filed 8/11 1912 P. J. Lemen

Registrar

S-Y CO., 16669

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296-21-01K-314

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3

File No. 8055

No. ____, ____ St.

Primary Registration District No. 2007

Registered No. 245

Hospital ____

FULL NAME OF CHILD Gordon Thomas Brown

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 21, 1912

FATHER		MOTHER	
FULL NAME	Frank Brown	FULL MAIDEN NAME	Emma Campbell
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Oregon	BIRTHPLACE	Minnesota
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. H. Malfuson. M. D. (Physician or Midwife)

Address Parma Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 8/31 1912 A. J. Queen. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 6 1943

386-127-04-434

Form U. S. No. 11-C 20th-6-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ____ St.

Hospital No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 3 File No. 8057

Primary Registration District No. 1005 Registered No. 247

FULL NAME OF CHILD Robert McMichael Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	/		yes	Aug 27 1912

FATHER		MOTHER	
FULL NAME	James M. Thompson	FULL MAIDEN NAME	Louella McMichael
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Pennsylvania
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. at 1 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley Physician

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Sept. 5th 1912 John D. Meyer Registrar

S-Y CO. 20174

.....
Registrar

Form V. S. No. U-C—20b-2-15-12

STATE OF IDAHO

PLACE OF BIRTH

279-29.014-236

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 8058

Primary Registration District No. 1005 Registered No. 248

FULL NAME OF CHILD Mary Springer

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	8-19-1912

FATHER		MOTHER	
FULL NAME	Francis E. Springer	FULL MAIDEN NAME	Mary Scott
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Ohio
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:53 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley

Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address _____

Filed Sept 5th 1912 J. S. Imyes Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 11 1956

253-220-014-791

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 8059

No. ____ St.

Primary Registration District No. 1005 Registered No. 249

Hospital No.

FULL NAME OF CHILD Marjorie Elizabeth Bechtel

Sex of Child	Twin, Triplet or other?	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	One	(To be answered only in event of plural births)	yes	Aug 20 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Benj. Bechtell	Myrtle Graham
RESIDENCE	Caldwell	Caldwell
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	22
BIRTHPLACE	Iowa	Nebraska
OCCUPATION	Pharmacist	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 8:40 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kelley

Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

..... Registrar

Filed Sept. 5th 1912 Jos. L. Meyer Registrar

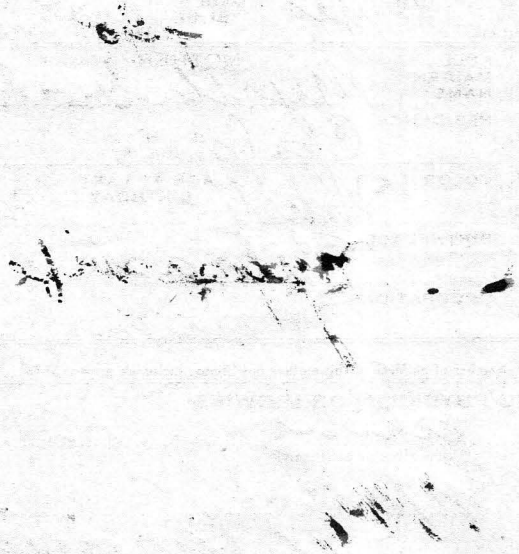
S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 12 1942



417-221-01K-363

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 8060

Primary Registration District No. 1005 Registered No. 250

FULL NAME OF CHILD Eleanore Magee

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1			yes	Aug 21 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James L Magee	FULL MAIDEN NAME	Mamie Cole
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Indiana
OCCUPATION	Accountant	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C M Kaley

Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Sept. 5th 1912 John L. Meyer

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 7 1970

133-259-019-41

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

County of Custer

da-x CERTIFICATE OF BIRTH

City of Mackay

Registration District No. 14

File No. 8061

No. ____, ____ St.

Primary Registration District No. 2034

Registered No. 68

Hospital Res

FULL NAME OF CHILD Ellen Allen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	8 29 1912

FATHER	MOTHER
FULL NAME: Alford Allen	FULL MAIDEN NAME: Marcella Donehue
RESIDENCE: Mackay	RESIDENCE: Mackay
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 20 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas Baker

(Physician or Midwife)

Address Mackay Idaho

Given name added from a supplemental report

....., 19.....

Filed Sept 7th 1912 C. B. Kirtley

S-Y CO., 16669

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

622-219-019-685

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

8062

County of Custer Benton

City of Challis Registration District No. 14 File No.

No. , St.

Primary Registration District No. 2061 Registered No. 56

Hospital

FULL NAME OF CHILD Jno. Junior Ostrom.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Aug 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jno. Ostrom	Maud Wheeler
RESIDENCE	May.	May.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	39	39
BIRTHPLACE	Neb.	Ill.
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Kelley M. D.
(Physician or Midwife)

Address Challis, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 8/29 1912 C. E. Kathey
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS File No. 8062

STATE OF Utah)
) SS.
COUNTY OF Salt Lake)

AFFIDAVITS FOR CORRECTION OF A RECORD

John W. Ostrom of Salt Lake City, Utah

Being first duly sworn, deposes and says that he is the father of John Henry Ostrom
(if related, specify degree, if friend or otherwise, so state)

who was born in the city of Challis, County of Benton
(was born, died)

on the 19th day of August, 1912, as stated in a certificate of birth or death filed by J. W. Kelley, M. D.
(name of physician or ~~midwife, or undertaker for death~~)

with the Local Registrar for the city of Challis, County of Benton Idaho, on the 19th day of August 1912.

That the following facts set forth in said certificate are not correctly stated therein, to wit: Correct name is John Junior Ostrom. Challis is in Custer County and not Benton County.

That affiant upon his own knowledge states the true facts to be, ~~his, her~~ and the changes necessary to make the record correct are, as follows: Change name of birth certificate from John Henry Ostrom to John Junior Ostrom and change name of County from Benton to Custer

(Seal)

Affiant John. W. Ostrom

Address 646 W. 3rd So, Salt Lake City, Utah

Subscribed and sworn to before me this 27 day of March 1940

J. H. Morgan
Notary Public

Com. Expires Sept. 5, 1942

STATE OF _____)
) SS.
COUNTY OF _____)

_____ of _____

being first duly sowrn, deposes and says that he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant _____

Address _____

Subscribed and sworn to before me this ____ day of _____ 19___

(Seal)

_____
Notary Public

VS 44

419-114-007-693

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 8063

Primary Registration District No. 2022 Registered No. 153

FULL NAME OF CHILD Earl Leon Marshall

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug. 14, 1912

FATHER	MOTHER
FULL NAME Lloyd T. Marshall	FULL MAIDEN NAME Vida Williams
RESIDENCE Bellevue	RESIDENCE Bellevue
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Vinson, Mo.	BIRTHPLACE Overland Kas
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or Midwife)

Address Hailey Ida

Given names added from a supplemental report

....., 19.....

Filed Aug 20, 1912 John T. Wilson

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

MAR 7 1955

643-231-007-359

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U. S. No. 11-C—2 m-8-15-12

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 — File No. 8064

Primary Registration District No. 2022 — Registered No. 152

FULL NAME OF CHILD ~~xxxxx xxxxxxxxx~~ ERMA JANE FULLMER

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Girl	— (To be answered only in event of plural births)	6	yes	Aug 31 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. M. Fullmer	Stella Terry
RESIDENCE	Bellevue	Bellevue
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	26
BIRTHPLACE	Utah	Utah
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 9' M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen MD

Bellevue Idaho (Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 5 1912 Robert H Leighton Registrar

8-Y CO. 20174

Form V. S. No. 11-S 2 m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Salt Lake }

NOV 13 1941 RECEIVED

Certificate No. 8064
Date Filed

The undersigned does solemnly swear that certain facts on the Birth certificate of (Birth or death)
for unnamed Fullmer (Name on original certificate) who was born (Was born or died) on August 31 1912 (Date of event)
in Ballegrie Blaine County Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Baptism Certificate (Bible record, insurance policy, etc.) prepared on 1921 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Fullmer	Erma Jane Fullmer

Subscribed and sworn to before me this 1st day of November, 1941

Edward W. Eames
Notary Public, residing at Bingham Canyon, Utah
My commission expires Sept. 8, 1945
[SEAL]

Signed Myron Fullmer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Older brother.
Alexander Ave Bingham Canyon, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of November, 1941

Edward W. Eames
Notary Public, residing at Bingham Canyon, Utah
My commission expires Sept. 8, 1945.
[SEAL]

Signed Mrs Blanche Kite
(Signature of any credible person other than the previous affiant.)
246 Main Bingham Utah
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

962-125 1007-491

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ____ St.

Hospital ____

Registration District No. 21 File No. 8065

Primary Registration District No. 2022 Registered No. 151

FULL NAME OF CHILD WILLIAM KENNETH ROBERTS

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	✓ (To be answered only in event of plural births)	1	Yes	Aug 25 1912

FATHER		MOTHER	
FULL NAME	William J. Roberts	FULL MAIDEN NAME	Carrie Dooyer
RESIDENCE	Bellevue	RESIDENCE	Bellevue
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29 / 22
BIRTHPLACE	Wales	BIRTHPLACE	Wisconsin
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Allen MD

Bellevue (Physician or midwife)

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

Filed Sept 1 1912 Robert H Taylor Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-2529-3-17-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

8065

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR [redacted])
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	William Kenneth Roberts

Subscribed and sworn to before me this 26th day of May, 1942

Leonard Wright
Notary Public, residing at Ogden, Utah

My commission expires Oct 20, 1944
(SEAL)

Signed Carrie D Roberts
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Weber } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of May, 1942

Leonard Wright
Notary Public, residing at Ogden Utah

My commission expires Oct 20, 1944
(SEAL)

Signed Marjorie D. Jones
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

2172 Monroe Blvd
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 28 1942 By .....
(REGISTRAR'S SIGNATURE)

JUN 2 1942

OCT 8 1952

114-20-007-764

Form V. S. No. 11-C Rev. 5-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Carey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 8067

Primary Registration District No. 2025 Registered No. 149

FULL NAME OF CHILD Rex William James

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug. 20 1912

FATHER

FULL NAME William George James

RESIDENCE Carey Idaho

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Staffordshire England

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary Elizabeth Goubler

RESIDENCE Carey

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Washington Utah

OCCUPATION House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9:40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. G. B. Howard

Midwife
(Physician or midwife)

Address Carey Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 25 19 12 John H. Gregson Registrar

S-Y CO. 20174

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Clyde

Registration District No. 21

File No. 8068

No. ____, ____ St.

Primary Registration District No. 2024

Registered No. 148

Hospital —

FULL NAME OF CHILD Jesse Ray Black.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 5, 1912

FATHER		MOTHER	
FULL NAME	John Francis Black	FULL MAIDEN NAME	Nellie Cordelia Basinger
RESIDENCE	Clyde	RESIDENCE	Clyde
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Illinois.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 o'clock M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emily Basinger

(Physician or Midwife)

Address Clyde Ida

Given names added from a supplemental report

....., 19.....

Filed Sept 5 1912 Robert H Gaylin

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 1 0 1971

563-25-007-215

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Moore

No. ____, ____ St.

Hospital ____

Registration District No. 21

File No. 8069

Primary Registration District No. 2024

Registered No. 147

FULL NAME OF CHILD Mandy Isabell Nelson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	Aug. 15, 1912

FATHER	MOTHER
FULL NAME: Nels P. Nelson	FULL MAIDEN NAME: Annie C. Sanderson
RESIDENCE: Moore	RESIDENCE: Moore
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 48 (Years)	AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Kristianstad Sweden	BIRTHPLACE: Salt Lake City, Utah
OCCUPATION: Farmer	OCCUPATION: Housework

Number of child of this mother, including present birth: 9

Number of children, of this mother, now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. S. C. Lemmon

Midwife (Physician or Midwife)

Address Moore Blaine Co. Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 20 1912 Robert E. Lee Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

213-207-007-419

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Carey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 8071

Primary Registration District No. 2025 Registered No. 145

FULL NAME OF CHILD Bertha Maretta Patterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 7 1912

FATHER

FULL NAME Thomas Samuel Patterson

RESIDENCE Carey Idaho

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Spanish Fork

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Bertha Maretta Markham

RESIDENCE Carey Idaho

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Spanish Fork

OCCUPATION House Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 9:45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. B. Howard

Midwife
(Physician or midwife)

Address Carey Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept. 19 12 Robert H. Leighton Registrar

S-Y CO. 20174

JUL 30 1963

433407-007-363

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 8072

Primary Registration District No. 2022 Registered No. 144

FULL NAME OF CHILD [redacted] EDWARD WILLIAM McCLURE

Sex of Child: Boy | Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth: 2 | Legitimate? Yes | Date of Birth: Aug. (Month) 7 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Herbert McClure	FULL MAIDEN NAME	Nellie Collins
RESIDENCE	Bellevue	RESIDENCE	Bellevue
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Miner	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen M.D.

Bellevue Idaho
(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed Aug. 15 1912 Robert Hughes
Registrar

..... Registrar

S-Y CO. 20135

Form V. S. No. 11-C—20m-2-18-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 27 19[illegible]
County of Blaine }

Certificate No. 8072
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Edward William McClure (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on 8-7-1912 (DATE OF EVENT)
in Bellevue, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 9-7-1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	not named	Edward William McClure

Subscribed and sworn to before me this 24th
day of January, 1942
Courtney Gillespie
Notary Public, residing at Bellevue, Ida
My commission expires 2/11/42
(SEAL)

Signed Nellie McClure
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Blaine }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th
day of January, 1942
Courtney Gillespie
Notary Public, residing at Bellevue, Ida
My commission expires 2/11/42.
(SEAL)

Signed Minnie Toohill
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 27 1942 By
(REGISTRAR'S SIGNATURE)

MAR 2 1956

NOV 30 1955

213-126-007-959

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. [illegible]

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 8073

Primary Registration District No. 2022 Registered No. 143

FULL NAME OF CHILD Bacon, Donald Francis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Aug 26 1912

FATHER		MOTHER	
FULL NAME	Thomas C. Bacon	FULL MAIDEN NAME	Alice Reid
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Boise Idaho	BIRTHPLACE	Kansas
OCCUPATION	Sheepman	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Raaf M.D.

(Physician or midwife)

Address Hailey Idaho

Filed Aug 31 19 12 Robert H. Wright Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cert. copy 2-6-41 PBA

804-32-007-853

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Cork P.O.

Registration District No. 21 File No. 8074

No. ____, ____ St.

Primary Registration District No. 2023 Registered No. 142

Hospital HAROLD

FULL NAME OF CHILD Lawrence Young

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	8 31 1912

FATHER

FULL NAME Wm Young

RESIDENCE Cork Ida.

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Iowa

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Marie Helmke

RESIDENCE Cork Ida

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 8-31-12, at 4 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt B Figg

Physician (Physician or Midwife)

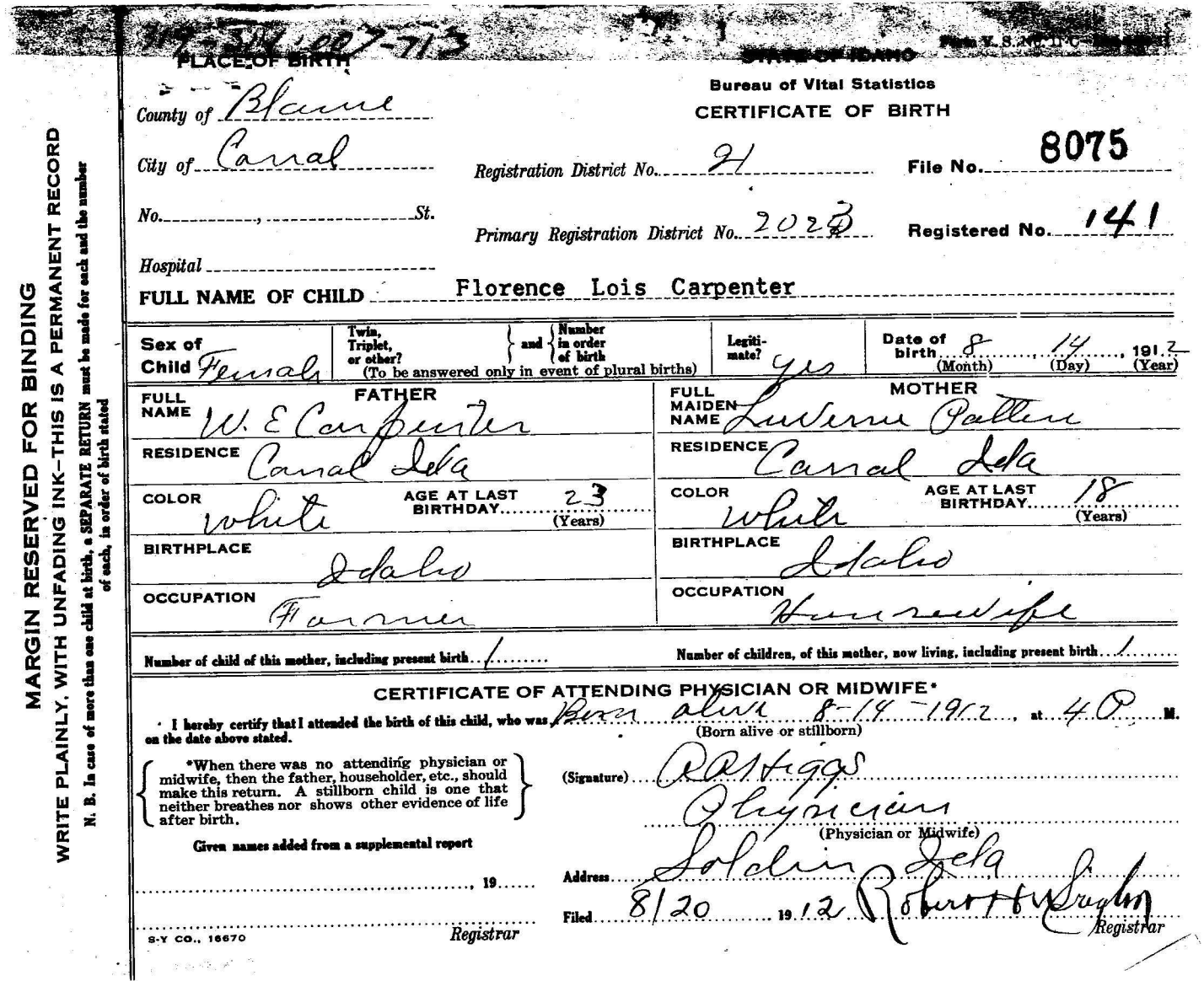
Address Soldier Ida

Given names added from a supplemental report

....., 19.....

Filed Sept 5 1912 Registrar

S-Y CO., 16670 Registrar



19-38-007-713

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

No. ____, ____ St.

Hospital ____

Registration District No. 21

Primary Registration District No. 2023

File No. 8075

Registered No. 141

FULL NAME OF CHILD Florence Lois Carpenter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	8 14 1912

FATHER		MOTHER	
FULL NAME	W. E. Carpenter	FULL MAIDEN NAME	Luverne Patten
RESIDENCE	Carey Idaho	RESIDENCE	Carey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. 8-14-1912, at 4 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Higgs

Physician (Physician or Midwife)

Address Soldier Idaho

Filed 8/20 1912 Robert H. Leighton Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

JAN 28 1971

2 12 71

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 5 1 50 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 8075

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Carpenter (Name on Original Certificate) who born (Was Born or Died) on Aug. 14, 1912 (Date of Event) in Corral, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Carpenter	Florence Lois Carpenter

Subscribed and sworn to before me this 12th day of February, 19 72

Florence Lois Wright

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed Claretta Easton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Ola Idaho 83655
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Letter from New Plymouth School District No. 372, of New Plymouth, Idaho gives child's name as Florence Carpenter(Ackerman). Was born Aug. 14, 1912. Taken from High schoolrecords. Viewed by V. S.

APR 18 1973

Insurance Policy from National Benefit Ins. Co for Donald A. Ackerman ~~xxxxx~~ lists Florence L. Ackerman as Beneficiary. dated Feb.10, 1952. Viewed by V. S.

Social Security card gives name as Florence Lois Ackerman (518-18-4335). Viewed by V. S.

FEB 28 1975

759209-1007559

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

No. ____, ____ St.

Hospital ____

Registration District No. 21

File No. 8076

Primary Registration District No. 2023

Registered No. 140

FULL NAME OF CHILD Francis Jane Perkins

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			no	8, 9, 1912

FATHER		MOTHER	
FULL NAME	Frank Perkins	FULL MAIDEN NAME	Estella Nemela
RESIDENCE	Fairfield Ida	RESIDENCE	Soldier Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Va	BIRTHPLACE	Ore
OCCUPATION	Saloon Keeper	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. 8-9-12, at 7:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dell Wilbur Driggs

Physician

(Physician or Midwife)

Address Soldier Ida

Given names added from a supplemental report

....., 19.....

Filed 8/12 19 12 Robert H. Leighton

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 2 6 1942

235-106-007-955

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Rev. 4-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Hill City

No. ____, ____ St.

Hospital ____

Registration District No. 21

Primary Registration District No. 2073

File No. 8077

Registered No. 139

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	8 6 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. N. Stevenson	Margaret Reed
RESIDENCE	Hill City Ida	Hill City Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	18
BIRTHPLACE	Kansas	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 8-6-12, at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) C. H. Higgs

Physician
(Physician or Midwife)

Address Sulphur Ida

Filed 8/12 19 12 Robert H. Leighton
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

435-117-003249

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Near Lukan

Registration District No. 19 File No. 8080

No. ..... St.

Primary Registration District No. 1002 Registered No. 146

Hospital .....

FULL NAME OF CHILD McNally

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	July 17 1912

FATHER	MOTHER
FULL NAME Henry McNally	FULL MAIDEN NAME Mary Smith
RESIDENCE Near Lukan	RESIDENCE Near Lukan
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Ireland	BIRTHPLACE Holland
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 P M. on the date above stated.

(Born alive or stillborn)

(Signature) O J Healey

(Physician or ~~midwife~~)

Address Pocatello Idaho

Filed 8/15 1912 Earl D Jones Registrar

a.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-35-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

384-218-003-465

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 612 N. Center St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 8081

Primary Registration District No. 1002 Registered No. 147

FULL NAME OF CHILD Dorothy Church

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Son	—	—	yes	July 18 1912

FATHER		MOTHER	
FULL NAME	Howard J. Church	FULL MAIDEN NAME	Addie Monroe
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Mankato, Minn	BIRTHPLACE	Eagle, Mich.
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P. M. on the date above stated.

(Signature) J. B. Deasey

(Physician or midwife)

Address Pocatello Idaho

Filed 8/15 1912 Earl D. Jones Registrar

a.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....Registrar

S-Y CO. 20174

843-120-003-859

Form U. S. No. 11-C—Rev. 6-25-41

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 755 No Main St.

Hospital

Registration District No. 19 File No. 8082

Primary Registration District No. 1002 Registered No. 148

FULL NAME OF CHILD George Donald Hutson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	July 20, 1912

FATHER		MOTHER	
FULL NAME	Henry Hutson	FULL MAIDEN NAME	Grace L. Hersey
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Renfrew, Canada	BIRTHPLACE	Tipton Iowa
OCCUPATION	Contractor—Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. D. Healy

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 8/15 19.12 Earl D. Jones
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

666-127-003-419

Form V. S. No. 11-C—1m-6-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 711, 4o 3d St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

8083

Registration District No. 19 File No.

Primary Registration District No. 1002 Registered No. 149

FULL NAME OF CHILD Woolsey, ETSEL MITCHELL

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	July 27 1912

FATHER		MOTHER	
FULL NAME	Mitchell D. Woolsey	FULL MAIDEN NAME	Selma A. Martin
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Germany
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. W. Sheets

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 8/15 1912 Earl D. Jones Registrar

S-Y CO., 16670

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

6083

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of MONTANA } ss.
County of CASCADE }

JAN 7 1942

Certificate No. 8083
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or death)
for — WOOLSEY, (Name on original certificate) who was born (Was born or died) on July 27, 1912 (Date of event)
in Pocatello, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by CERTIFICATE OF BAPTISM (Bible record, insurance policy, etc.) prepared on JANUARY 30, 1925 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Woolsey	Etsil Woolsey
ETSEL MITCHELL WOOLSEY		ETSEL MITCHELL WOOLSEY

Subscribed and sworn to before me this 24th
day of December, 19 41.

Signed James M. Woolsey, Uncle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

NOTARY PUBLIC for the State of Montana
Notary Public, residing at Residing at Great Falls, Montana
My commission expires My Commission Expires November 27, 1942
[SEAL]

509 4th Ave So., Great Falls, Montana
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of MONTANA } ss.
County of CASCADE }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st
day of Dec., 19 41.

Signed Emma Woolsey Sanderson SISTER
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Cascade
My commission expires Feb. 24-1943
[SEAL]

Cascade, Montana
(Street Address, City, State)

Received for filing on JAN 7 1942 By
(Registrar's signature)

JAN 14 1942

3½-22-20M-8/57

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 404 So. Arthur St.

Hospital home

Registration District No. 19

Primary Registration District No. 1002

File No. 8084

Registered No. 150

FULL NAME OF CHILD Eliza Lambert

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month), (Day), (Year)
female			yes	July 27, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Royal Elsworth Lambert	Ethel Grave Hansen
RESIDENCE	404 So. Arthur	404 So. Arthur
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	34	21
BIRTHPLACE	Penn.	Utah
OCCUPATION	Carpenter	housekeeping

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed 8-26 1912 Earl D. Jones Registrar

a.

Registrar

S-Y CO.: 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 24 1972

Dup #1912-285425

389-33/·003-415

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 515 No Harrison St.

Hospital

Registration District No. 19

File No. 8085

Primary Registration District No. 1002

Registered No. 151

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Son	—	—	Yes	July 31, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Christaffersen	Sarah A Davis
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	36	29
BIRTHPLACE	Norway	Penna.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Neary

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 8/15 1912 Earl D Jones

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 1 3 1971

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 256 S. 3rd Ave. St.

Hospital Home

Registration District No. 19 File No. 8086

Primary Registration District No. 1002 Registered No. 152

FULL NAME OF CHILD Silvio Dante Castellini

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Aug. 4, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Virgilio Castellini	Kate Pasquale
RESIDENCE	256 So. 3rd Ave.	256 So. 3rd Ave.
COLOR / AGE AT LAST BIRTHDAY	white / 21 (Years)	white / 18 (Years)
BIRTHPLACE	Utah	Italy
OCCUPATION	Merchant	Housekeeping

Number of child of this mother, including present birth one. Number of children, of this mother, now living, including present birth one.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or Midwife)

Address 925 So Main St

Given names added from a supplemental report

....., 19.....

Filed 8-26 1912 Earl D Jones Registrar

....., Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

702-707,003-912

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Pocatello

No 545 S. Main

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 19 File No. 8087

Primary Registration District No. 1002 Registered No. 153

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Aug 7, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Robinson	Maude Jabarske
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	35	24
BIRTHPLACE	Ogden, Utah	Fairview Utah
OCCUPATION	Clerk	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was now alive, Aug 7, 1912, at 1:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley M.D.
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 8/16 1912 Earl D. Jones
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 8037

MARGIN RESERVED FOR BINDING

NAME OF CHILD

PLACE OF BIRTH

FATHER

MOTHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

857-107-003-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Pocatello

No 355 S. Garfield St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 19 File No. 8088

Primary Registration District No. 1002 Registered No. 154

FULL NAME OF CHILD Eugene Douglas Berger

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	✓	Yes	Aug 7th 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	John J Berger	Prudence E. Jones
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	27	21
BIRTHPLACE	Cleveland Ohio	Dubuque, Ill.
OCCUPATION	Bar Tender	H W

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Aug 7/12, at 7 45 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Cuette M.D.

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 8—12 1912 Earl D Jones

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

Registrar

Registrar

787-208-003-815

MARGIN RESERVED FOR BINDING · WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 331 S. Yarf. St.

Hospital

Registration District No. 19 File No. 8089

Primary Registration District No. 1002 Registered No. 153

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Aug 8, 1912

FATHER	MOTHER
FULL NAME: Rudolph Pyger	FULL MAIDEN NAME: Louise Hannock
RESIDENCE: Pocatello Idaho	RESIDENCE: Pocatello Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Germany	BIRTHPLACE: Germany
OCCUPATION: Baker	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Aug 8, 1912, at 3:10 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley M.D. Per J.C.

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed 8/12 1912 Earl D. Jones Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826 Registrar

DUP OF 1912 - 320976

313-209-003-615

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Pocatello — Registration District No. 19 — File No. 8090

No. 548 So Grant St. — Primary Registration District No. 1002 — Registered No. 156

Hospital

FULL NAME OF CHILD Vera Tate

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	2	2	Yes	Aug 9 1912

FATHER		MOTHER	
FULL NAME	Howard Tate	FULL MAIDEN NAME	Anna Wantgeat
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	W. Va.	BIRTHPLACE	W. Va.
OCCUPATION	Carpenter	OCCUPATION	Housework

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Stevens

(Physician or midwife)

Address Pocatello

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 8/15 1912 Earl D. Jones
Registrar
Per A.

B-Y CO. 20174

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

Certificate No. 8090

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Tate (true name Vera.) who was born on 8-9-12
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Pocatello (Place of Event) are ~~[illegible]~~ were omitted; and that, to the best of his knowledge, the
true facts are shown by mother (undersigned) (Bible Record, Insurance Policy, Etc.) prepared on Nov. 24th, 1958 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
True name of child Vera.		
Child's Name	Unnamed (name is Vera)	Vera Tate

Subscribed and sworn to before me this 24th day of November, 1958

Notary Public, residing at Pocatello, Idaho
My commission expires Nov. 18, 1962
(Seal)

Signed Connie Tate mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Arbon, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of November, 1958

Notary Public, residing at Pocatello, Idaho
My commission expires Nov. 18, 1962
(Seal)

Signed Genevieve Wanstreet
(Signature of Any Credible Person)

Aunt of Vera
2351 South 2nd Avenue Pocatello Idaho
(Street Address, City, State)

FORM DPH 55.155

DD 3-57

Application to Constitution Life Ins. Co., Chicago, IL gives name as Vera T. Hubbard. born 8-9-12 in Idaho. signed June 20, 1961. Viewed by V. S.

FEB 11 1974

Marriage License and Certificate from Idaho gives groom's name as H. G. Hubbard and the bride's name as Vera Tate. Married on Aug. 19, 1938 Viewed by V. S.

Certificate of Baptism from Point Pleasant Baptist Church of Troy, Idaho gives name as Vera Tate. Baptized on May 9, 1925. Viewed by V. S.

791-209-003-417

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 605 No. 4th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 8091

Primary Registration District No. 1002 Registered No. 157

FULL NAME OF CHILD Gianchetta

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Son	1	1	Yes	Aug 9 1912

FATHER

FULL NAME Joseph Gianchetta

RESIDENCE Pocatello Idaho

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Italy

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Catrina Daguell

RESIDENCE Pocatello Idaho

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Italy

OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Green

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 8/15 1912 Earl D. Jones
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO

PLACE OF BIRTH

715-10-4003-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1453 N. Hayes St.

Hospital home

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 8092

Primary Registration District No. 1002 Registered No. 158

FULL NAME OF CHILD Filvyd Kendrick Cantrell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	August 10, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sem B. Cantrell	Annie Kendrick
RESIDENCE	1453 N. Hayes	1453 N. Hayes
COLOR	whit	whit
AGE AT LAST BIRTHDAY (Years)	39	39
BIRTHPLACE	Ark.	Ark.
OCCUPATION	Rossmon Labor	house Keeping

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or Midwife)

Address 905 So. Main St

Given names added from a supplemental report

....., 19.....

Filed 8-26 1912 Earl D. Jones Registrar

S-Y CO., 16670 Registrar

a.

PLACE OF BIRTH

STATE OF IDAHO

693-43-207-261

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 705 So. Main St.

Hospital Maternity Hospital

Registration District No. 19

File No. 8093

Primary Registration District No. 1007

Registered No. 159

FULL NAME OF CHILD Fern Maxine

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			no	Aug. 18, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lloyd Williams Wilson	Ivy Ilean Coats
RESIDENCE	Haley Idaho	Shoshone Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	20	19
BIRTHPLACE		Canada
OCCUPATION	Common laber	

Number of child of this mother, including present birth ....one.

Number of children, of this mother, now living, including present birth ....one....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or Midwife)

Address 705 So. Main St

Given names added from a supplemental report

....., 19.....

Filed 8-26 1912 Earl D. Jones Registrar

.....

Registrar

S-Y CO., 16670

OCT 28 1970

256-113-003-265

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello — Registration District No. 19 — File No. 8094

No. 1124 N. Garfield St. — Primary Registration District No. 1002 — Registered No. 160

Hospital

FULL NAME OF CHILD David Rex Knorr (Knort)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	2	Yes	Aug 13 1912

FATHER	MOTHER
FULL NAME Claude C. Knorr (Knort)	FULL MAIDEN NAME Nellie Bonner
RESIDENCE Pocatello Idaho	RESIDENCE Pocatello Idaho
COLOR White — AGE AT LAST BIRTHDAY 25 (Years)	COLOR White — AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Idaho Falls
OCCUPATION Laborer	OCCUPATION Housework

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a M. on the date above stated.

(Signature) E. B. Freeman

(Physician or Midwife)

Address Pocatello

Filed 8/15 1912 — Earl D. Jones, Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-114-003-693

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 646 No. Grant St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C-Rev. 1941

Registration District No. 19 File No. 8095

Primary Registration District No. 1007 Registered No. 161

FULL NAME OF CHILD Burk JOHN HUMPHREY BURK

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	Aug 14, 1912

	FATHER	MOTHER
FULL NAME	John Burk	Elizabeth G. Fitzjohn
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	30
BIRTHPLACE	Durham England	Staffordshire England
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Jones

(Physician or ~~Midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 8/15 1912 Earl D. Jones Registrar

....., Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of BANNOCK }

Certificate No. 8095

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for John Humphrey Burk (Name on Original Certificate) who was born (Was Born or Died) on August 14, 1912 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family record book, (Bible Record, Insurance Policy, Etc.) prepared on at time of birth, 8/14/192 (Give Date) re:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	John Humphrey Burk
John Humphrey Burk		John Humphrey Burk

Subscribed and sworn to before me this 7th
day of July, 1943.

Elyde Brewer

Notary Public, residing at Pocatello, Idaho
My commission expires March 13, 1945.
(Seal)

Signed Mrs. E. G. Burk (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

1633 No Harrison Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th
day of July, 1943.

Elyde Brewer

Notary Public, residing at Pocatello, Idaho
My commission expires March 13, 1945.
(Seal)

Signed Mrs. E. G. Burk
(Signature of Any Credible Person Other Than Previous Year)

P. O. Box 912, Pocatello, Idaho
(Street Address, City, State)

JUL 12 1943

255·215·003-269

Form V. S. No. 71-C—15m-6-20-11

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 923, no Hayes St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 8096

Primary Registration District No. 1002 Registered No. 162

FULL NAME OF CHILD AMY ALICIA Deelos

Sex of Child Female | Twin, Triplet, or other? — | and Number in order of birth 4 | Legitimate? Yes | Date of birth (Month) Aug (Day) 15 (Year) 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME George Deelos	FULL MAIDEN NAME Flora C Sorensen
RESIDENCE Pocatello Idaho	RESIDENCE Pocatello Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE St Louis Mo,	BIRTHPLACE Neeley, Idaho
OCCUPATION Loco fireman	OCCUPATION housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a M. on the date above stated.

(Signature) O J Deely

(Physician or ~~Midwife~~)

Address Pocatello Idaho

Filed 8/15 1912 Earl D Jones Registrar

a,

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 8096

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Amy Alicia Seelos

Subscribed and sworn to before me this 27th day of January, 1943.

J. A. McQuillan

Notary Public, residing at Pocatello, Idaho.

My commission expires June 20, 1945
(SEAL)

Signed George Seelos
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1035 No. Emerson Ave.
(STREET ADDRESS, CITY, STATE) Pocatello, Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 2 8 1943

168-116-603-249

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. [illegible]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 853 N Harrison Ave

Registration District No. 19 File No. 8097

Primary Registration District No. 1009 Registered No. 163

Hospital

FULL NAME OF CHILD Johnson, Thairel Burnette

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Y	Aug. 16 1912

FATHER	MOTHER
FULL NAME Nels Orson Johnson	FULL MAIDEN NAME Mary Esther Burnette
RESIDENCE Pocatello Idaho	RESIDENCE Pocatello Idaho
COLOR White AGE AT LAST BIRTHDAY 27 (Years)	COLOR White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Logan Utah	BIRTHPLACE Brison Cty N.C.
OCCUPATION R.R. Trainman	OCCUPATION Home

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 11 32 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard, M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report

.....19.....

.....
Registrar

Address .....

Filed 8-21 1912 Earl D Jones
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
JUL 30 1941

State of Idaho } ss.
County of Bannock }

Certificate No. 8017
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Johnson (Name on original certificate) who Born (Was born or died) on August 16-1912 (Date of event)
in Pocatello, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
	Johnson	Thairel Burnette Johnson
	28	

Subscribed and sworn to before me this 28 day of July, 1941

Geo. J. Hogg
Notary Public, residing at Pocatello Ida.
My commission expires Oct 1943
[SEAL]

Signed William F. Howard MD
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person)
William F. Howard
(Street Address, City, State) Pocatello Idaho
July 28, 1941
313 W. Center St.

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Bannock }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of July, 1941

E. Estabrook
Notary Public, residing at Pocatello Idaho
My commission expires 1-12-1943
[SEAL]

Signed Niels O Johnson Father
(Signature of any credible person other than the previous affiant)
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

FEB 20 1963

765-116-003-765

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 19 File No. 8098

No. Gen'l Hospital St.

Primary Registration District No. 1002 Registered No. 164

Hospital 1

FULL NAME OF CHILD Robert Scott Pond

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug. 16 1912

	FATHER	MOTHER
FULL NAME	Casper N. Pond	Hettie Pond
RESIDENCE	640 West Lyell, Pocatello, Ida.	
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	28
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Physician & Surgeon	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lang

(Physician ~~or Midwife~~)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 8-21 1912 Earl D. Jones Registrar
Per a

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 12 1965

755-119-08-153

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello — Registration District No. 19 — File No. 8099

No. 3 mi South east — Primary Registration District No. 1002 — Registered No. 165

Hospital —

FULL NAME OF CHILD Gensbechler, William A

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	—	Yes	Aug. 19 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alfred Gensbechler	FULL MAIDEN NAME	Lucille Jette
RESIDENCE	Ranch 3 m. SE Pocatello	RESIDENCE	Ranch 3 mi SE Pocatello
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Toledo Ohio	BIRTHPLACE	Williamsburg, Penna.
OCCUPATION	Machinist	OCCUPATION	Home

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~), at 8 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard, M.D.

(Physician or ~~midwife~~)

Address —

Given names added from a supplemental report

....., 19.....

Filed 8-21 1912 Earl D Jones Registrar

....., Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 9/26/40
PBA

212-119-003-114

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. Rear 633 N 6th Ave

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 8100

Primary Registration District No. 1002 Registered No. 166

FULL NAME OF CHILD — — Bassetti

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	c	c	Yes	Aug. 19 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alfred Bassetti	Violet James
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	19
BIRTHPLACE	Napa City Calif.	Livingston Montana
OCCUPATION	Stone cutter	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 6 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 8-21 1912 Earl D. Jones Registrar

a.

.....
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 0 1973

765-19-003-864

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-1.

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 733 N. Harrison St.

Hospital Home

Registration District No. 19 File No. 8101

Primary Registration District No. 1002 Registered No. 167

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Aug 19, 1912

FATHER		MOTHER	
FULL NAME	Noah Leander Pond	FULL MAIDEN NAME	Alice Young
RESIDENCE	733 N. Harrison	RESIDENCE	733 N. Harrison
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	merchant	OCCUPATION	housekeeping

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or Midwife)

Address 705 So. Main St.

Given names added from a supplemental report

....., 19.....

Filed 8-26 1912 Earl D Jones
Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Clarify with INK—THIS IS A PERMANENT RECORD

In case of more than one child at birth, a SEPARATE RETURN must be made for each. Number of person of birth stated

113-120-003-279

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 507 S. Arthur

Registration District No. 19 File No. 8102

Hospital

Primary Registration District No. 1002 Registered No. 168

FULL NAME OF CHILD Dee W. Jackson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Aug 20 1912

FATHER		MOTHER	
FULL NAME	Wm. H. Jackson	FULL MAIDEN NAME	Lillie Spillman
RESIDENCE	507 S Arthur	RESIDENCE	507 S. Arthur
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Swanston, Utah	BIRTHPLACE	Logan, Utah
OCCUPATION	Real Estate man.	OCCUPATION	Housewife

Number of child of this mother, including present birth. two

Number of children, of this mother, now living, including present birth. one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on Aug 20, at 9:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley M.D.

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed 8-24 1912 Earl D Jones a,

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 21 1949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the words "one of twins," "one of triplets," etc., in order of birth added.

4/65 · 22 · 023-259

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 504 N. Third St.

Registration District No. 19 File No. 8103

Primary Registration District No. 1002 Registered No. 169

Hospital

FULL NAME OF CHILD Winifred Martha Montpetit

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Aug 22 1912

	FATHER	MOTHER
FULL NAME	Wilfred Montpetit	FULL MAIDEN NAME Wilhelmine Esther Berger
RESIDENCE	504 N. 3rd	RESIDENCE 504 3rd, North
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Canada Detroit Michigan	BIRTHPLACE Cincinnati Ohio
OCCUPATION	Boiler-maker	OCCUPATION Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Aug 22, 1912 at 10:35 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley M.D.

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 8-24 1912 Earl D. Jones
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 23 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Our home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 3 mo yrs

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Winifred Martha Montpetit

5. Date of Birth of Child (Month, day, year) August 22-1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Wilfred Mathew Montpetit
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Montreal (City or town) Canada (State or foreign country)
14. Exact Occupation Night Foreman
15. Industry or Business Rail Road

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Wilhelmina Anna Berger
17. Color or Race White
18. Age at time of THIS birth 22 yrs
19. Birthplace Cincinnati (City or town) Ohio (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Illinois } ss.
County of Cook }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 29 years, and that (First name) Mrs Wooley (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Wilhelmina A. Montpetit

Address 158 Fremont St Chicago Ill

Subscribed and sworn to before me this 13th day of April, 1912

(SEAL)

Notary Public, residing at Chicago Ill.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by, Registrar

copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

514-225-6053-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 407 S. Main St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 8104

Primary Registration District No. 1009 Registered No. 170

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Aug 25 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Vaughn	Emily Blakely
RESIDENCE	407 S. Main	407 S. Main
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	33	32
BIRTHPLACE	Danville, Illinois	England.
OCCUPATION	Boiler-maker	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. Aug 25, 1912 at 1:00 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley M.D.

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed 8-28 1912 Earl D. Jones Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17926

642-125-1003-366

PLACE OF BIRTH

County of Bannock

City of Pocatello, Ida

No. 540 N. Main St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 19

File No. 8165

Primary Registration District No. 1002

Registered No. 171

FULL NAME OF CHILD Louise Lofquist Case

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 25, 1917

FATHER		MOTHER	
FULL NAME	Magnus Case	FULL MAIDEN NAME	Judith Lofquist
RESIDENCE	Pocatello, Ida	RESIDENCE	Pocatello, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Sweeden
OCCUPATION	Locomotive Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kaey

(Physician ~~or Midwife~~)

Address

Given names added from a supplemental report

....., 19.....

Filed 9/2 19 17 Earl D. Jones

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

365-130-003444

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1023 N. Garfield St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 8106

Primary Registration District No. 1002 Registered No. 172

FULL NAME OF CHILD Thomas Albert Longbotham

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	✓	Yes	Aug 30th, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thos. Longbotham	FULL MAIDEN NAME	Edith May Addie
RESIDENCE	~~Philadelphia Pa~~ Pocatello Ida	RESIDENCE	~~Elizabeth N.J~~ Pocatello Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Philadelphia Pa	BIRTHPLACE	Elizabeth N.J
OCCUPATION	Shoe Business	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) Aug 30th 1912, at 2:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) H A Castle M.D.

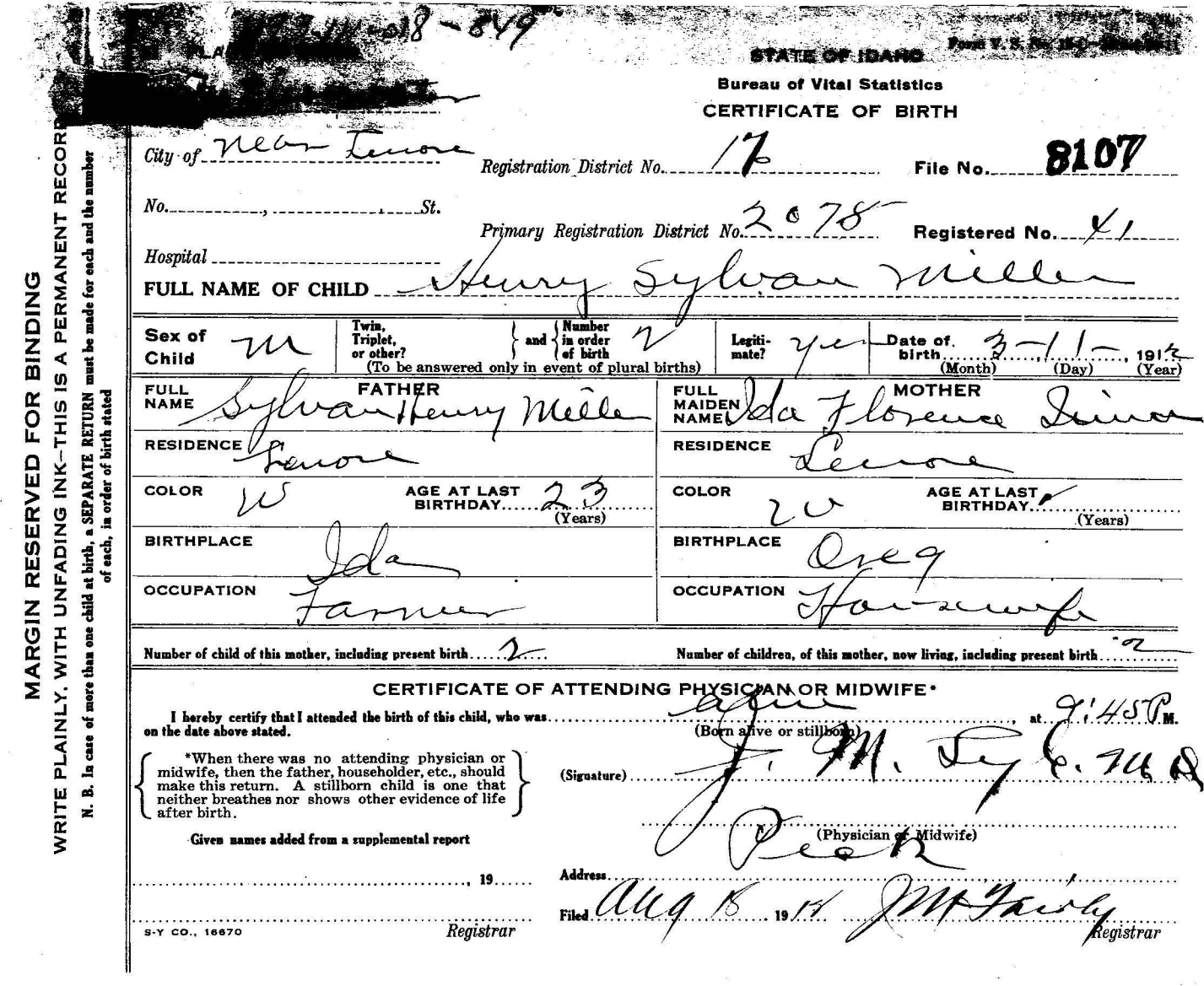
(Physician or Midwife)

Address Pocatello Idaho

Filed 9/2 1912 Chas D Jones
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FEB 25 1974



STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Near Lenore — Registration District No. 17 — File No. 8107

No. ____, ____ St. — Primary Registration District No. 2078 — Registered No. 41

Hospital ____

FULL NAME OF CHILD Henry Sylvan Miller

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		2	yes	3-11-191[illegible]

FATHER		MOTHER	
FULL NAME	Sylvan Henry Miller	FULL MAIDEN NAME	Ida Florence Simon
RESIDENCE	Lenore	RESIDENCE	Lenore
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Ida	BIRTHPLACE	Oreg
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fry C. M. A.

(Physician or Midwife)

Address Near

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 8 19 11 J. M. Fry

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 2 1942

APR 8 1965

35/20810 8-263

PLACE OF BIRTH

County of Clearwater

City of New Peek

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 17 File No. 8109

Primary Registration District No. 207 Registered No. 4 3

FULL NAME OF CHILD CARRIE LOUISE TEATS

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	7, 8, 1913

FATHER		MOTHER	
FULL NAME	Henry Teats	FULL MAIDEN NAME	Emma Kolb
RESIDENCE	Nez Peck	RESIDENCE	Nez Peck
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	New Colfax Wis	BIRTHPLACE	Holland City Mich
OCCUPATION	Grain Dealer	OCCUPATION	Housework

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Jones

Physician (Physician or Midwife)

Address Peck Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Aug 18 1913 J. M. Gaudy Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

STATE OF IDAHO

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Spokane } ss.

Certificate No. 8109

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for ____ (Name on Original Certificate) who ____ (Was Born or Died) on ____ (Date of Event)

in ____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ____ (Bible Record, Insurance Policy, Etc.) prepared on ____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Carrie Louise Teats

Subscribed and sworn to before me this 5th day of Sept 1942

H. G. Sudhoff

Notary Public, residing at Elk Wash

My commission expires Oct. 1st 1943
(Seal)

Signed H. W. Teats (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 1 Elk Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Spokane } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th Sept day of, 1942

H. G. Sudhoff

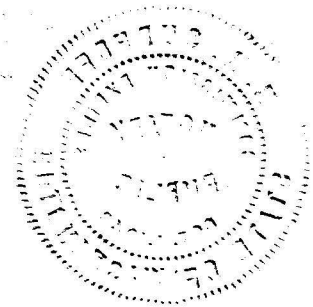
Notary Public, residing at Elk Wash.

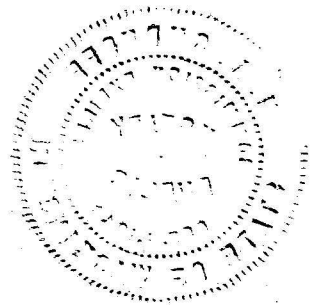
My commission expires Oct. 1 1943
(Seal)

Signed Mrs Emma Teats (Mother)
(Signature of Any Credible Person Other Than Previous Year)

Rt. 1 Elk. Wash.
(Street Address, City, State)

SEP 2 2 1942





892-207018-452

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 8110

Primary Registration District No. 2078 Registered No. 44

FULL NAME OF CHILD. Silvia Catherine Hibbeln

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug. 7 1912

	FATHER	MOTHER
FULL NAME	Emil A. Hibbeln	FULL MAIDEN NAME Silvia DeBock
RESIDENCE	Orofino Ida	RESIDENCE Orofino Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE Utah
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician

(Physician or midwife)

Address Orofino Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 7 1912 J. M. Fairly Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Clearwater }

Certificate No. 8110
Date Filed APR 16 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Sylvia Catherine Hibblin (Name on Original Certificate) who born (Was Born or Died) on Aug 7 1912 (Date of Event)
in Orofino, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of her knowledge, the
true facts are shown by ____ (Bible Record, Insurance Policy, Etc.) prepared on ____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Silvia Catherine Hibbeln

(I was present at her birth) which was on above date

Subscribed and sworn to before me this 25
day of March 19 42.

Joseph Kaufman
Notary Public, residing at Lewiston Idaho
My commission expires ____
(Seal)

Signed Mary Delaney Brierley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ____ } ss.
County of ____ }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ____
day of ____, 19____.

Notary Public, residing at ____
My commission expires ____
(Seal)

Signed ____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 18 1942

AUG 4 1942

166-210-018-299

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ____ St.

Hospital ____

Form V. S. No. U-C—2m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 8111

Primary Registration District No. 2078 Registered No. 48

FULL NAME OF CHILD Alice Wyalene Affleck.

Sex of Child	Twin, Triplet or other?	Number in order of Birth	Legitimate?	Date of Birth
Female	— and —		Yes	Aug 10 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William R. Affleck.	FULL MAIDEN NAME	Catherine Kirkpatrick
RESIDENCE	Orofino Idaho	RESIDENCE	Orofino Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Oregon
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Ella M. Horswell M.D.

(Physician or midwife)

Address Orofino Ida

Filed Sept 11 1912 J. M. Davis Registrar

B-Y CO. 20174

12

685-214-018-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. _____ St.

Hospital _____

[redacted] V. S. No. 11-C [illegible]

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[redacted] H

Registration District No. 17 File No. 8112

Primary Registration District No. 2078 Registered No. 49

FULL NAME OF CHILD Ruby Wheeler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 14 1912

	FATHER	MOTHER
FULL NAME	Samuel Wheeler	Ethel Smith
RESIDENCE	Near Orofino Ida	Near Orofino Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	32
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle W. Horswell

Physician (Physician or midwife)

Address Orofino Ida.

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Sept 1 19 12 [illegible] Registrar

S-Y CO. 20174

445-101-018-658

PLACE OF BIRTH

County of Clearwater

City of Elk River

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-37-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 17 File No. 8113

Primary Registration District No. 3079 Registered No. 4

FULL NAME OF CHILD Harvey Oliver Dunavold

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	May 1 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ole Dunavold	FULL MAIDEN NAME	Jennie Mehammer
RESIDENCE	Elk River, Ida.	RESIDENCE	Elk River, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Work in Planing Mill	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Seeley M D

(Physician or Midwife)

Address Elk River Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept 1 1912 J M Fairley

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 1 1957

OCT 3 1961

299-209.018.625

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-D—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Clearwater

City of Elk River

Registration District No. 17 File No. 8114

No. ____, ____ St.

Primary Registration District No. 3079 Registered No. 45

Hospital ____

FULL NAME OF CHILD Verna Ellen Briggs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 9, 1912

FATHER		MOTHER	
FULL NAME	Henry Briggs	FULL MAIDEN NAME	Blanche A. Keefe
RESIDENCE	Elk River Idaho	RESIDENCE	Elk River, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Minnesota	BIRTHPLACE	Adrian, Minnesota
OCCUPATION	Mill hand	OCCUPATION	Housewife

Number of child of this mother, including present birth 5-th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Seeley M.D.

(Physician or Midwife)

Address Elk River, Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 1 19 12 J M Gairy

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

MAR 26 1943

845-125-018-291

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Clearwater

City of Elk River

No ____, ____ St.

Hospital ____

Form No. 11-O-Rev. 6-1-42

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 8116

Primary Registration District No. 2079 Registered No. 50

FULL NAME OF CHILD HARRY THOMAS QUESENBERRY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Legitimate?	Date of birth
Male	and Number in order of birth	Yes	Aug 23 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	William Quesenberry	FULL MAIDEN NAME	Virginia Brannon
RESIDENCE	Elk River Idaho.	RESIDENCE	Elk River Ida
COLOR	White	AGE AT LAST BIRTHDAY	31 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Idaho. Troy,
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

.....
Registrar

(Signature) Wm T. Seeley M.D.
Physician
(Physician or Midwife)

Address Elk River Idaho

Filed Sept 1 19 12 J McFarland
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 27B—5M-12-11

8116

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Elk River
Street and House No. ----------
County Clearwater

Registered Number ----------

Registration District No. ----------

Sex of Child Male

Date of Birth, August 25 (Month) (Day) 191 7 (Year)

Full Name of Father Wm P. Greenberg

Full Maiden Name of Mother Virginia Brandon

I HEREBY CERTIFY that the child described herein has been named:

Harry Thomas Greenberg
(Given name in full) (Surname)

as reported by Wm P. Greenberg
(Father or Mother)

J. M. Bailey
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

DEC 17 1941

SEP 24

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STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County [redacted]ngton

City of Weiser

Registration District No. 26, File No. 8117

No. 245 West Court St.

Primary Registration District No. 1010. Registered No. 114

Hospital

FULL NAME OF CHILD Margaret Caroline Ayers

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	#	1	Yes	8, 4, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Raymond B. Ayers	Margaret G. Ternes
RESIDENCE	Weiser, Idaho.	Weiser, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	30
BIRTHPLACE	Kansas	Wisconsin
OCCUPATION	Lawyer	House-wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Ownby, MD

(Physician or Midwife)

Address Weiser, Idaho.

Given names added from a supplemental report

....., 19.....

Filed May 10 1912 W. R. Hamilton

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 2 8 1971

988

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PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 150—Manuscript

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 26

File No. 8118

No. 12th & East Main

Primary Registration District No. 1010

Registered No. 115

Hospital

FULL NAME OF CHILD Alden Lee McDowell

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	# (To be answered only in event of plural births)	2	Yes	8, 6, 1912

FATHER	MOTHER
FULL NAME: Arthur L. McDowell	FULL MAIDEN NAME: Lucretia Jones
RESIDENCE: Payette, Idaho	RESIDENCE: Payette, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Kentucky
OCCUPATION: Farmer	OCCUPATION: House-wife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Whitley, M.D.

(Physician or Midwife)

Address Weiser, Idaho

Given names added from a supplemental report

....., 19.....

Filed May 12th 19 12 W. R. Hamilton

Registrar

Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

219-12-044-845

PLACE OF BIRTH

Amended – February 17, 1950

County of Washington

City of Weiser

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 8119

Primary Registration District No. 2112 Registered No. 116

FULL NAME OF CHILD Hubert William Barton
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 21 1912

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	William Aaron Barton	FULL MAIDEN NAME	Martha Quesenberry
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	West Plains, Missouri	BIRTHPLACE	Cuba, Kentucky
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) James Young

Physician
(Physician or midwife)

Address Weiser, Idaho

Filed Aug. 15 1912 W. R. Haned
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Washington

City of Weiser

No ....., ... St.

Hospital .....

Registration District No. 26 File No. 8119

Primary Registration District No. 2112 Registered No. 116

FULL NAME OF CHILD Barton, William Hubert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
male			Yes	July 24 (Month) (Day) 191.2 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Aaron Barton	Martha Lusenberry
RESIDENCE	Weiser Idaho	Weiser Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	32 (Years)	31 (Years)
BIRTHPLACE	West Plains Mo.	Cuba Kentucky
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated., at 4 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician

(Physician or Midwife)

Address Weiser, Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug 15th 1912 M. R. Blandford

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Washington }

Certificate No. 8119

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for William Hubert Barton (Name on Original Certificate) who born (Was Born or Died) on July 21st, 1912 (Date of Event) in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record in ~~possession~~ W. A. Barton family, father of Hubert William Barton (Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
First and Middle Name	William Hubert	Hubert William

Subscribed and sworn to before me this 15th day of February 1950

Frank D Ryan

Notary Public, residing at Weiser, Idaho

My commission expires December 24th, 1950

(Seal)

Signed Augusta B Anderson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; of other credible person.)

Cambridge Road Weiser Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Washington }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of February, 1950

Frank D Ryan

Notary Public, residing at Weiser, Idaho

My commission expires December 24th, 1950

(Seal)

Signed W. A. Barton

(Signature of Any Credible Person)

711 West Main Weiser Ida

(Street Address, City, State)

19 P.D

FEB 17 1951

MAR 6 1951

296-109-044-315

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Washington

City of Weiser

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 8120

Primary Registration District No. 2112 Registered No. 417

FULL NAME OF CHILD George Henry Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	August 9 1912

FATHER		MOTHER	
FULL NAME	Thomas Brown	FULL MAIDEN NAME	Susan Brown Laning
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Berryville Arkansas	BIRTHPLACE	Weiser Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth. two.

Number of children, of this mother, now living, including present birth. two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 20 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Weiser Idaho

(Physician or Midwife)

Address Weiser Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug 15th 1912 W. R. Hamilton

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUL 2 3 1971

DWPOD 1912-DE 56-073

866.101-04K-162

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—1937-0-38-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

Registration District No. 26 File No. 8121

No. ____, ____ St.

Primary Registration District No. 214 Registered No. 118.

Hospital ____

FULL NAME OF CHILD Ronald Henry Howland.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male.			Yes	[redacted] Aug 7 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Chyrlis Howland.	FULL MAIDEN NAME	Francis Jocelyn.
RESIDENCE	Cambridge.	RESIDENCE	Cambridge
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	[redacted] (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Idaho
OCCUPATION	Sheep-raiser	OCCUPATION	Home wife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmutz M.D.

(Physician or Midwife)

Address Cambridge Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 13 1912 W. R. Knowlton

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 8 1940

1. PLACE OF BIRTH
County of Washington
City of Cambridge.
No. ..... St.
(If born in hospital or institution give name)

Registration District No. 322. State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ronald Henry Howland.

3. Sex M. | If plural births: 4. Twin, triplet, or other 0; 5. Number, in order of birth 0 | 6. Premature 0 Full term Yes | 7. Legitimate? Yes | 8. Date of birth Aug 1, 1940 (Month, Day, Year)

FATHER

9. Full name Charles Henry Howland
10. Residence (usual place of abode) (If non-resident, give place and State) Cambridge Ida
11. Color or race W. | 12. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Kalamazoo, Mich.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock raiser.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ranch.
16. Date (month and year) last engaged in this work Aug-1-, 1940
17. Total time (years) spent in this work Life.

MOTHER

18. Full maiden name Frances Lorado Tousin
19. Residence (usual place of abode) (If non-resident, give place and State) Cambridge Ida.
20. Color or race W. | 21. Age at last birthday 24 (years)
22. Birthplace (city or place) (State or Country) Van Wyck - Iowa.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work Aug-1-, 1940
26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate.

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Live — at 12:10 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) Charles Henry Howland, M.D.
or Father
Midwife
Address Cambridge Ida.
Filed 10-5-40, 193... Dorothy Evans
Registrar.

.....
Registrar.

1 copy made 10/24/40 L. B.

415-220-0447271

PLACE OF BIRTH

Form V. S. No. 11-C—Revised-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 26 File No. 8122

No. ~, St.

Primary Registration District No. 1010 Registered No. 119

Hospital ~

FULL NAME OF CHILD Maxleah Rose Davis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f			Yes	8 20 191

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Herbert Davis	Myrtle Spangler
RESIDENCE	Weiser Ida.	Weiser Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Wichita Kas	Hodgeman Co. Kas.
OCCUPATION	Salesman	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O Finney

Physician (Physician or Midwife)

Address Weiser Idaho.

Given names added from a supplemental report

....., 19.....

Filed Aug 27 19 W R Hamilton

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 16 1943

713-25-04X-268

PLACE OF BIRTH

Form V. S. No. 11-C—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 26 File No. 8123

No. —, — St.

Primary Registration District No. 1010 Registered No. 120

Hospital Josephine

FULL NAME OF CHILD William Francis Galloway

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes	8 25 19 12

FATHER

FULL NAME James M. Galloway

RESIDENCE Weiser Ida.

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Boise Ida.

OCCUPATION Lawyer

MOTHER

FULL MAIDEN NAME Ethel Bohner

RESIDENCE Weiser Ida.

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Kearney Nebr.

OCCUPATION H. W.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O Feeney

Physician

(Physician or Midwife)

Address Weiser Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug 29th 1912 W R Hamilton

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 8123

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for -- -- Galloway (Name on Original Certificate) who was born (Was Born or Died) on August 25, 1912 (Date of Event)

in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Idaho Vital Statistics Records (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	
William Francis Galloway		
Name	-- --	Galloway William Francis Galloway

Subscribed and sworn to before me this 31st day of January, 1944

E. B. Smith

Notary Public, residing at Boise, Idaho

My commission expires Dec. 15, 1947

(Seal)

Signed J. W. Galloway

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of January, 1944

Dorothy Selby

Notary Public, residing at Boise, Idaho

My commission expires

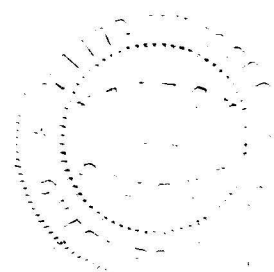
(Seal)

My commission expires June 5, 1946

Signed C. C. Anderson

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Nonfamin	William Francis Galloway

Subscribed and sworn to before me this 26 day of May, 1943

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed Ethel B Galloway
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

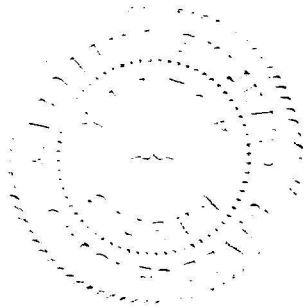
Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)



693-106-003

PLACE OF BIRTH

County of Bann...

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C

City of Nater... Registration District No. 11 File No. 8124

No. ..... St. Primary Registration District No. 2048 Registered No. 261

Hospital Gilbert

FULL NAME OF CHILD Baby Wilde

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	—	Yes	Aug 6 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Albert E Wilde	
FULL MAIDEN NAME		Ethel Peck
RESIDENCE	Mink Creek	Mink Creek
COLOR	White	White
AGE AT LAST BIRTHDAY	26 (Years)	17 (Years)
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos. Dunbar M.D.

(Physician ~~or midwife~~)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kasey
Registrar

Filed Sep 10, 1912

Ellis Kasey
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

239.127.003-689

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pratcher

Registration District No. 11 File No. 8125

No. ____ St.

Primary Registration District No. 2048 Registered No. 260

Hospital ____

FULL NAME OF CHILD ~~XXXXXXXXXXXX~~ Streeter EUGENE WARREN STREETER

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Aug 27 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edmond Streeter	FULL MAIDEN NAME	Ella White
RESIDENCE	Pratcher	RESIDENCE	Pratcher
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5 Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John A Lubbard M D

(Physician or midwife)

Given names added from a supplemental report

Address Grace Idaho

19 ____

Filed Sep 16 19 12

Ellis Kacey
Registrar

S-Y CO. 20174

Ellis Kacey
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nebraska }
County of Douglas } ss.

Certificate No. 8125

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Eugene Warren Streeter (Name on Original Certificate) who was born (Was Born or Died) on August 27, 1912 (Date of Event)
in Thatcher - Idaho (Place of Event) are ~~erroneous~~ or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Streeter	Eugene Warren Streeter

Subscribed and sworn to before me this
day of March, 1942

J. F. Evans
Notary Public, residing at Omaha Neb

My commission expires Oct 7-1942
(Seal)

Signed Maud E. Maas
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Elm Creek Nebr
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nebraska }
County of Douglas } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of March, 1942

J. F. Evans
Notary Public, residing at Omaha Neb

My commission expires Oct 7-1942
(Seal)

Signed Maud E. Maas
(Signature of Any Credible Person Other Than Previous Year)

Elm Creek Nebr
(Street Address, City, State)

MAR 24 1942 -

244-22 F 003-445

Form V. S. No. 11-C-2 2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Alexander

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 8126

Primary Registration District No. 2048 Registered No. 231

FULL NAME OF CHILD MILDRED LOUISE Pudrow

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F		2	yes	Aug 24 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME James Pudrow	FULL MAIDEN NAME Emma Davis
RESIDENCE Alexander	RESIDENCE Alexander
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 44 (Years)	AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE N. Y.	BIRTHPLACE Idaho
OCCUPATION Merchant	OCCUPATION Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kearley

(Physician or midwife)

Address Linda Springs, Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kearley Registrar

Filed Aug 31 19 12 Ellis Kearley Registrar

S-Y*CO. 20174

PLACE OF BIRTH

County of .....

City of .....

RECORD

244-22 4 003-415

PLACE OF BIRTH

County of Bannock

City of Alexander

No. ..... St.

Hospital .....

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C Rev. 4-15-12

CERTIFICATE OF BIRTH

Registration District No. 11

File No. 8127

Primary Registration District No. 2048

Registered No. 230

FULL NAME OF CHILD MARJORIE LUCILLE Budrow

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	/	yes	Aug 24 1912

FATHER	MOTHER
FULL NAME James Budrow	FULL MAIDEN NAME Emma Davis
RESIDENCE Alexander	RESIDENCE Alexander
COLOR W	AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE N.Y.	COLOR W
OCCUPATION Merchant	BIRTHPLACE Idaho
	OCCUPATION Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 10 9 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kaseley

Physician

(Physician or midwife)

Address Soda Springs Ida.

Given names added from a supplemental report

..... 19.....

Ellis Kaseley

Registrar

Filed Aug 31 19 12 Ellis Kaseley

Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 10 1942

253.114003-391

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Central

No. ____ St.

Hospital ____

Registration District No. 11 File No. 8128

Primary Registration District No. 2048 Registered No. 232

(Dead)

FULL NAME OF CHILD No Name

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes.	Aug 4 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Neil Bell	FULL MAIDEN NAME	Virginia Cranor
RESIDENCE	Central	RESIDENCE	Central
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H Hubbard M D

(Physician or midwife)

Address Grace, Idaho

Given names added from a supplemental report

Neil Bell 9-9-1912

Ellis Kaelly Registrar

Filed Sept 9, 1912 Ellis Kaelly Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-0—20m-2-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8128

PLACE OF BIRTH

County of

533 204 003-819

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Turner

Registration District No. 11

File No. 8129

No. ..... St.

Primary Registration District No. 2048

Registered No. 233

Hospital

FULL NAME OF CHILD James ~~Baby~~ Elsmore

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	Aug 4 1912

FATHER		MOTHER	
FULL NAME	James Elsmore	FULL MAIDEN NAME	Ethel Harris
RESIDENCE	Turner	RESIDENCE	Turner
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

(Signature) John H. Hubbard M.D.

(Physician or midwife)

Address Declo Idaho

Filed Sept 9 1912

Ellis Kaerly
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kaerly
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-103-003-694

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8130

County of Bannock

City of Grace

Registration District No. 11 File No.

No. St.

Primary Registration District No. 2048 Registered No. 234

Hospital Cyrus

FULL NAME OF CHILD Baby Rich

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Aug. 3 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Charles Rich	FULL MAIDEN NAME Lela Ormond
RESIDENCE Grace	RESIDENCE Grace
COLOR White	COLOR
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Utah.	BIRTHPLACE Idaho
OCCUPATION Farmer.	OCCUPATION Housekeeper

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

(Signature) John D. Lubbard M.D.

(Physician or midwife)

Address Grace Idaho

Filed Aug 10 1912

Ellis Karle
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Karle
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815.127.003-154

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Central

Registration District No. 11 File No. 8131

No. ____ St.

Primary Registration District No. 2048 Registered No. 235

Hospital ~~XXXXXXXX~~ Boise

FULL NAME OF CHILD ~~XXXXXXXX~~ Hansen, Earl August

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes.	Aug 27 1912

FATHER		MOTHER	
FULL NAME	August Hansen	FULL MAIDEN NAME	~~XXXXXXXX~~ Hazel Anderson
RESIDENCE	Central	RESIDENCE	Central
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John D Hubbard M. D.

(Physician or midwife)

Address Grace - Idaho.

Given names added from a supplemental report

..... 19.....

Ellis Kaelke
Registrar

Filed Sept 16 1912

Ellis Kaelke
Registrar

S-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-3 June-3-15-42

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 8131

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Burton Hansen (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Aug 27, 1912 (DATE OF EVENT)
in Central, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Father (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name of Child	Burton Hansen	Earl August Hansen
First name of mother	Mabel	Hazel

Subscribed and sworn to before me this 13th
day of Jan, 19 42

Notary Public, residing at Meridian

My commission expires May 7 1943
(SEAL)

Signed August W. Hansen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of March, 19 42

Notary Public, residing at Boise

My commission expires Sept 19, 1942
(SEAL) State of Idaho.

Signed Chas G Hansen
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

RT #3, Boise Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on 8 By
(REGISTRAR'S SIGNATURE)

MAY 18 1942

365-101-003-255

Form V. S. No. 11-C Rev-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

8132

PLACE OF BIRTH

County of Bannock

City of Chesterfield

No. _____ St.

Hospital _____

Registration District No. 11 File No. 11 230

Primary Registration District No. 2048 Registered No. ~~8048~~

FULL NAME OF CHILD ~~xxxxxxxx~~ Loveland Acel Bevins

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male				Aug. 1 (Month) 8 (Day) 191 2 (Year)

FATHER		MOTHER	
FULL NAME	Anson Loveland	FULL MAIDEN NAME	Sarah Ethel Bevins
RESIDENCE	Chesterfield	RESIDENCE	Chesterfield Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Chesterfield Idaho	BIRTHPLACE	Chesterfield
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Anson Loveland (Born alive ~~or stillborn~~), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Anson

(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

_____ 19____

Filed Sept 9 19 12

Ellis Kaeser Registrar

S-Y CO. 20174

Ellis Kaeser Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 17 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 8132

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Death) for Acel Bevins Loveland (Name on Original Certificate) who Aug. 1st (Was Born [illegible]) on Aug 1 (Date of Event) 1912 in Chesterfield (Place of Event) Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Acel	Bevins	Loveland
name	[illegible] -hi	Acel Bevins Loveland
birthdate	July 30 Aug 1. 1912	Aug. 1 1912

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed Mrs. Sarah Ethel Loveland
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of July, 19 44

Notary Public, residing at Nampa

My commission expires April 1945
(Seal)

Signed Wanda Kelley
(Signature of Any Credible Person Other Than Previous Year)

523 16th Ave. North, Nampa, Idaho
(Street Address, City, State)

JUL 19 1944

693-105 003-759

PLACE OF BIRTH

County of Bannock

City of Alexander

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 8133

Primary Registration District No. 2048 Registered No. 199

FULL NAME OF CHILD Ellis Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Sept 5 1912

FATHER		MOTHER	
FULL NAME	Wm Wilson	FULL MAIDEN NAME	Martha Perkins
RESIDENCE	Alexander Idaho	RESIDENCE	Alexander
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kaercher

Physician

(Physician or midwife)

Address Soda Springs Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kaercher
Registrar

Filed Sept 9 1912

Ellis Kaercher
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NAME CHANGE

DUP OF 12-339106

155-101-003-669

Form V. S. No. 11-C—2m-6-10-12

PLACE OF BIRTH

County of Bannock

City of Soda Springs

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8134

Registration District No. 11 File No. ____

Primary Registration District No. 2048 Registered No. 238

FULL NAME OF CHILD Tom Jenkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Sept 1 1912

FATHER		MOTHER	
FULL NAME	Tom Jenkins	FULL MAIDEN NAME	Lucy Foge
RESIDENCE	Soda Springs Idaho	RESIDENCE	Soda Springs Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Colorado	BIRTHPLACE	Colorado
OCCUPATION	Plumber	OCCUPATION	Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kaney Registrar

(Signature) Ellis Kaney

(Physician or midwife)

Address Soda Springs Idaho

Filed Sept 10 1912 Ellis Kaney Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

593-118-003-955

Form V. S. No. 11-C—Rev. 6-25-12

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8135

Registration District No. 11 File No. .....

Primary Registration District No. 2048 Registered No. 237

FULL NAME OF CHILD Hyrum Elmer Nicholaison

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Aug. 18 1912

	FATHER	MOTHER
FULL NAME	Peter M. Nicholaison	FULL MAIDEN NAME Edith Reed
RESIDENCE	Bancroft Idaho	Bancroft Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	30 (Years)	28 (Years)
BIRTHPLACE	Logan Utah	Salt Lake
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Hyrum Elmer Nicholaison (Born alive ~~or stillborn~~) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

Midwife (Physician or midwife)

Address Bancroft Ida

Given names added from a supplemental report

..... 19.....

Ellis Kaechele Registrar

Filed Sept 10 1912 Ellis Kaechele Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 7 1942

813-105-1003-719

Form V. S. No. H-C—20m-8-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Lava

No. ..... St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 8136

Primary Registration District No. 2048 Registered No. 240

Hospital LELAND ANTHONY

FULL NAME OF CHILD Walter Hallinan

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	—	—	—	Yes	Sept 8 (Month) (Day) 1912 (Year) 5th

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thos Hallinan	FULL MAIDEN NAME	Laura Cathy Batten
RESIDENCE	Lava	RESIDENCE	Lava
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ireland	BIRTHPLACE	Mich
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kaerly

Physician

(Physician or midwife)

Address Soda Springs Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kaerly Registrar

Filed Oct 10 1912 Ellis Kaerly Registrar

8-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDMENT AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

8136

State of Idaho. } ss.
County of Bannock. }

Certificate No. _____

SEP 24 1942

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth. (Birth or Death)
for Walter Hallinan (Name on Original Certificate) who was born (Was Born or Died) on Sept 8 1912 (Date of Event)
in Lava Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Walter	Leland Anthony Hallinan
Date	Sept. 8th	Sept. 5, 1912
Mother's name	Cathern	Laura Potter

Subscribed and sworn to before me this 24th day of August, 1942

N. Kaiska.

Notary Public, residing at Lava Hot Springs Ida.

My commission expires Jan 10-1942
(Seal)

Signed Laura Potter Hallinan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lava Hot Springs. Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock - }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of August, 1942

N. Kaiska.

Notary Public, residing at Lava Hot Springs Ida

My commission expires Jan 10-1942
(Seal)

Signed Mildred I. Chapin
(Signature of Any Credible Person Other Than Previous Year)

Lava Hot Springs Ida
(Street Address, City, State)

SEP 28 19

455-228-003-366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH Bancroft

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ____, ____ St.

Registration District No. 11 File No. 8137

Primary Registration District No. 2048 Registered No. 241

Hospital ____

FULL NAME OF CHILD Mary Derrick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			yes	May 28, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	E J Derrick	Annie Lowe
RESIDENCE	Bancroft	Bancroft
COLOR	White	White
AGE AT LAST BIRTHDAY	31 (Years)	32 (Years)
BIRTHPLACE	Bear Lake Idaho	Soda Springs Idaho
OCCUPATION	Sheep Man	House wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Mary Derrick Born Alive at 8 A. M. on the date above stated.

(Born alive or Stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Cason

(Physician or Midwife)

Address Bancroft Idaho

Given names added from a supplemental report

....., 19.....

Ellis Kanley Registrar

Filed Sept 10, 1912 Ellis Kanley Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

DUP OF 1912-215111

Z-DENICK

253-105-003-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 8138

Primary Registration District No. 2048 Registered No. 242

FULL NAME OF CHILD William Arthur Dettle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Sept 5 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	William Elmer Dettle	FULL MAIDEN NAME	Ella Harris
RESIDENCE	Bancroft Idaho	RESIDENCE	Bancroft Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kansas Latham Kansas	BIRTHPLACE	Fairview Idaho
OCCUPATION	Printer	OCCUPATION	house wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was William Arthur Dettle 11 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

~~(Physician or~~ midwife)

Address Bancroft Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kaufly
Registrar

Filed Sept 10, 1912 Ellis Kaufly
Registrar

S-Y CO. 20174

243-113-003-259

PLACE OF BIRTH

STATE OF IDAHO

Form No. 6, Rev. 11-C—15m-6-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 11

File No. 8139

No. ____, ____ St.

Primary Registration District No. 2048

Registered No. 258

Hospital ____

FULL NAME OF CHILD Melvin Alvin Buckley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	August 13, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Alvin Buckley	Lettie May Ferris
RESIDENCE	Pocatello	Pocatello
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	24
BIRTHPLACE	Franklin Oneida Co Ida	Bayfield DeKalb Co Missouri
OCCUPATION	farmer	House Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 12 thirty P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen Egbert

Midwife (Physician or Midwife)

Address Pocatello Bannock Co Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kaercy Registrar

Filed Sept 16 19 12 Ellis Kaercy Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—10m-6-31

Amended 9/10/73

689-119-003-753

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 8140
Local Reg. No.
Reg. Dist. No. 11

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bench P.O.

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bench

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Rulon b. (Middle): Parnell c. (Last): Whitehead

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Aug. 19, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Frank b. (Middle): c. (Last): Whitehead

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
35 YEARS	Utah	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Emily b. (Middle): c. (Last): Peterson

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
35 YEARS	Utah	5		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: John H. Hubbard

19. ADDRESS: Grace, Idaho

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Sep. 10, 1912

22. REGISTRAR'S SIGNATURE: Ellis Kackley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 5 10 19 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } Certificate No. 8140

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Evert Whitehead (Name on Original Certificate) who was born (Was Born or Died) on Aug. 19, 1912 (Date of Event)

in Bench, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Evert Whitehead	Rulon Parnell Whitehead

Subscribed and sworn to before me this 1 day of June, 1973

Notary Public, residing at Grace Idaho

My commission expires 1 Nov 1976

(Seal)

Signed H. Blain Whitehead

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day of June, 1973

Notary Public, residing at Grace Idaho

My commission expires 1 Nov 1976

(Seal)

Signed M. Earl Whitehead

(Signature of Any Credible Person)

Grace Idaho

(Street Address, City, State)

FORM DH 60-155 CL 2/27/73

Certificate of Ordination to the Office of Deacon dated May 3,1925. gives name as Rulon Parnell Whitehead son of Frank Whitehead and Emily Peterson. Born Aug. 19, 1912. Baptized Feb. 7, 1922. Viewed by V. S.

Letter from Berdell C. McCurdy, Ward Clerk, Grace First Ward gives name as Rulon Parnell Whitehead born Aug. 19,1912. to Francis Whitehead and Emily Ann Peterson. Was Baptized Feb. 7, 1922. Viewed by VS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bench P.O. Registration District No. 11 File No. 8140

No. ____ St. Primary Registration District No. 2048 Registered No. 264

Hospital Ward

FULL NAME OF CHILD ~~Baby~~ Whitehead

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)	—	Yes	Aug 19 1912

FATHER	MOTHER
FULL NAME Frank Whitehead	FULL MAIDEN NAME Emily Peterson
RESIDENCE Bench	RESIDENCE Bench
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Utah.	BIRTHPLACE Utah.
OCCUPATION Farmer	OCCUPATION Housekeeper.

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.35 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Stubbard

(Physician ~~or midwife~~)

Address Grace - Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kaney Registrar

Filed Sept 10, 1912 Ellis Kaney Registrar

S-Y CO. 20174

FEB 27 1973

SEP 10 1973

155-12-003-753

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Central

Registration District No. 11 File No. 8141

No. ____ St.

Primary Registration District No. 2048 Registered No. 263

Hospital ~~Charity~~

FULL NAME OF CHILD Baby Jenkins, Clifford Amos

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes.	Aug. 22 191 3

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Junius Jenkins	Mary A Peterson
RESIDENCE	Central Idaho	Central
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	24
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John D Hubbard M.D

(Physician ~~or midwife~~)

Address Grace Idaho

Given names added from a supplemental report

19

Ellis Kaercy Registrar

Filed Sep 10 19 12 Ellis Kaercy Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/29/41 L. B.

To Bureau of Vital Statistics
Boise Idaho.

AFFIDAVIT

Be it known that, whereas there is an error in your record of the birth of Clifford Amos Jenkins born as per your record at Grace Idaho, on August I5, I9I2. It should be August 22, I9I2. We the parents of the said Clifford Amos Jenkins do hereby authorize and request that you make correction on your records to conform with this information.

We have always known it to be Aug. 22 and as such it has been recorded on the church records and on the precinct registrors record and wherever his date of birth has been required.

Signed Junius F. Jenkins

Mary Ann Peterson Jenkins

Signature of Parents

STATE OF UTAH
SS
COUNTY OF CACHE

On this I8 day of January I94I personally appeared Junius F. Jenkins and Mary Ann Peterson Jenkins the parents of Clifford Amos Jenkins, who acknowledged to me that they executed the above instrument,

Lorenzo Larsen
Notary PUB.

Residing at Newton Utah

Commission Expires Feb. 25, I94I.

RECEIVED
JAN 21 1941
$1 M. O.

381-210-003-319

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Thatcher.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 8142

Primary Registration District No. 2048 Registered No. 262

FULL NAME OF CHILD Baby Larkin Thatcher

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Aug. 10 1912

FATHER		MOTHER	
FULL NAME	Henry R. Thatcher	FULL MAIDEN NAME	Cora Larkin.
RESIDENCE	Thatcher	RESIDENCE	Thatcher.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 4th. Number of children of this mother now living, including present birth 3rd.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Hubbard M. D.

(Physician or midwife)

Address Grace - Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kaercy
Registrar

Filed Sept 10 1912 Ellis Kaercy
Registrar

S-Y CO. 20174

Form V. S. No. 11-C—Rev. 9-15-42

STATE OF IDAHO

PLACE OF BIRTH

813-1231-003-356

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

No. ____ St.

Registration District No. 11 — File No. 8143

Primary Registration District No. 2047 — Registered No. 248

Hospital ____

FULL NAME OF CHILD Robert Hall

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	aug 23rd 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Robert Hall	Rachel Adelia Lewis
RESIDENCE	McCammon	McCammon
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	20
BIRTHPLACE	Portage Utah	Albion Idaho
OCCUPATION	Farmer	Farmers Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) aug 23rd at 7 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs W W Lewis

Midwife (Physician or midwife)

Address McCammon Idaho

Given names added from a supplemental report

____ 19____

Ellis Kaeke Registrar

Filed Sept 19 19 12 Ellis Kaeke Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

555-15-1003-795

Form V. S. No. 11-C—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

No. ____, ____ St.

Hospital ____

Registration District No. 11 — File No. 8144

Primary Registration District No. 2047 — Registered No. 217.

FULL NAME OF CHILD JOHN NEESER

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	7 — 15 — 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Neeser	Della Green
RESIDENCE	McCammon	McCammon Idaho
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	46	35
BIRTHPLACE	Pennsylvania	Idaho
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) [signature]

(Physician or Midwife)

Address McCammon Idaho

____, 19____

Ellis Kaercy
Registrar

Filed Sept 16, 1912

Ellis Kaercy
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 8144
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for George Neeser (Name on original certificate) who was born (Was born or died) on July 15, 1912 (Date of event)
in McCammon, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	George Neeser	John Neeser

Subscribed and sworn to before me this 23d
day of April, 19 42

Notary Public, residing at Pocatello, Idaho
My commission expires July 5, 1942
[SEAL]

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

134 No. 6th Ave., Pocatello, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23d
day of April, 19 42

Leslie M. Hicks

Notary Public, residing at Pocatello, Idaho
My commission expires July 5, 1942
[SEAL]

Signed Alma J. Neeser
(Signature of any credible person other than the previous affiant.)

134 N. 6th Ave. Pocatello, Idaho
(Street Address, City, State)

Received for filing on APR 27 1942 By
(Registrar's signature)

APR 2 9 1942

945-225-003-599

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

8145

County of Bannock

City of McCammon Registration District No. 11 File No.

No. ____, ____ St.

Primary Registration District No. 2047 Registered No. 256

Hospital

FULL NAME OF CHILD — Bertha Rund

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	— (To be answered only in event of plural births)	—	Yes	7-25-1919

FATHER		MOTHER	
FULL NAME	Arne Rund	FULL MAIDEN NAME	Hilda Eriksen
RESIDENCE	McCammon Ida	RESIDENCE	McCammon
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 P M. on the date above stated.

(Signature) G H Cooper

McCammon

(Physician or Midwife)

Address Pocatello

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

Ellis Kasey
Registrar

Filed Sept 19, 1919 Ellis Kasey
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

866-25-003-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

8146

County of Bannock Co

City of Mc Cammon.

Registration District No. 11 File No.

No. , St.

Primary Registration District No. 2047 Registered No. 255

Hospital

FULL NAME OF CHILD Louis Heber Hoopes

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	8 - 25 - 191..

FATHER		MOTHER	
FULL NAME	J. W. Hoopes	FULL MAIDEN NAME	Martha Bingle
RESIDENCE	Virginia	RESIDENCE	Virginia
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	46
BIRTHPLACE	Weston, Idaho	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Cooper

Physician

(Physician or Midwife)

Address Mc Cammon, Idaho

Given names added from a supplemental report

....., 19.....

Ellis Kaercy
Registrar

Filed Sept 10, 1912 Ellis Kaercy
Registrar

S-Y CO., 16670

315·105·003-236

PLACE OF BIRTH

Form No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

Registration District No. 11 File No. 8147

No. ____, ____ St.

Primary Registration District No. 2047 Registered No. 234

Hospital ____

FULL NAME OF CHILD Helen Love FINLEY SHEPHARD LANE

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)	—	Yes.	8 — 5 — 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas - Lane.	Mary Scott.
RESIDENCE	Mc Cammon Ida	McCammon. Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	30.	43
BIRTHPLACE	Detroit. Mich.	Scranton Pa.
OCCUPATION	Sheep Man.	Housewife.

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician

(Physician or Midwife)

Address McCammon Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept. 1 1912

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 13 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 8147
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Heber Love (Name on original certificate) who born (Was born or died) on Aug. 6th 1912 (Date of event)
in McCamon Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by affidavit (Bible record, insurance policy, etc.) prepared on this date (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Heber Love	Finley Shephard Lane

Subscribed and sworn to before me this 30th
day of October 1942

Notary Public, residing at 7122 Compton Ave. Los Angeles Cal.
My commission expires Oct. 8th 1945
[SEAL]

Signed Helen Bailey (Sister)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
6414 So Arlington St Los Angeles Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th
day of October 1942

Notary Public, residing at 7122 Compton Ave Los Angeles Cal.
My commission expires Oct. 8th 1945
[SEAL]

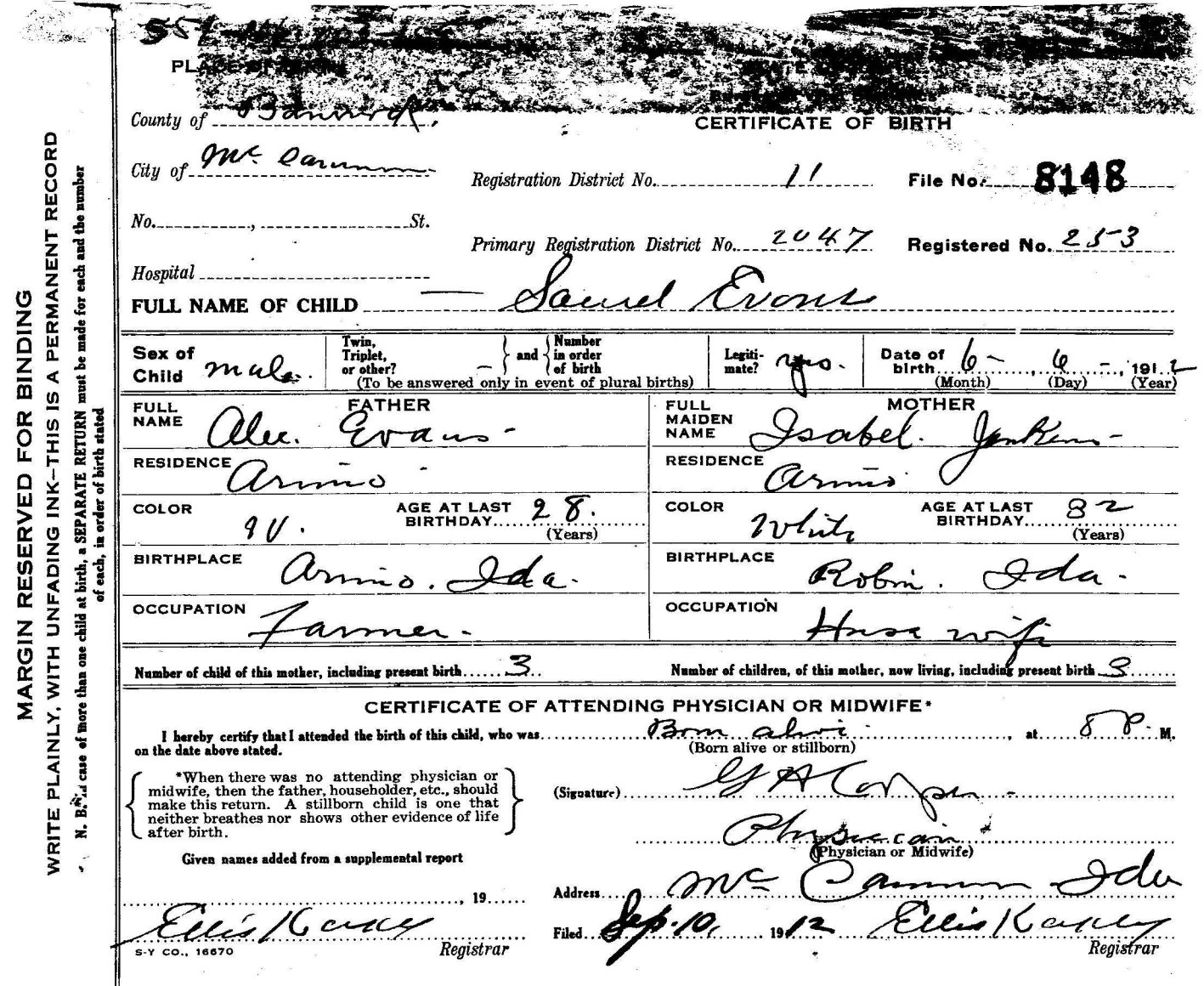
Signed Vivian Lane Bishop (Sister)
(Signature of any credible person other than the previous affiant.)
1254 E 71st St Los Angeles Cal
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

JUN 28 1966

NOV 13 1942

JAN 13 1943



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of [illegible]

City of Mc Cammon

No. ____, ____ St.

Hospital ____

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 8148

Primary Registration District No. 2047 Registered No. 25-3

FULL NAME OF CHILD — Samuel Evans

Sex of Child	Twin, Triplet, or other?	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
male.	—	(To be answered only in event of plural births)	yes.	6 — 6 —, 191 2

FATHER		MOTHER	
FULL NAME	Alex. Evans.	FULL MAIDEN NAME	Isabel. Jenkins.
RESIDENCE	Arimo	RESIDENCE	Arimo
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28.	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Arimo. Ida.	BIRTHPLACE	Robin. Ida.
OCCUPATION	Farmer.	OCCUPATION	House wife

Number of child of this mother, including present birth 3.

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) G A Corgan

(Physician or Midwife)

Address Mc Cammon Ida

Filed Sep 10 1912 Ellis Kaney Registrar

..... 19..... Ellis Kaney Registrar

S-Y CO., 16670

N - SAMEL

dup of 1912-D76-478

194-22701003-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Robin

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 11 File No. 8149

Primary Registration District No 2047 Registered No. 243

FULL NAME OF CHILD Velda Jennings Armstrong

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Aug. 17, 1912

FATHER

FULL NAME Walter Shelton Armstrong

RESIDENCE Crystal Idaho

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Virginia

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Virginia Lee Blaylock

RESIDENCE Crystal, Idaho

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Virginia

OCCUPATION Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy E. Marley

(Physician or Midwife)

Address Robin, Idaho.

Given names added from a supplemental report

....., 19.....

Ellis Kaercher
Registrar

Filed Sept 19, 1912 Ellis Kaercher
Registrar

SVMS - YORK CO., PTRS. & BDRS. 17326

OCT 31 1945

212-109-003692

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Lemhsey,

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

8150

Registration District No. 11 File No. ____

Primary Registration District No. 2047 Registered No. 247

FULL NAME OF CHILD Harold Alfred Baker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes.	Aug. 9 1912

FATHER		MOTHER	
FULL NAME	Alfred Sidney Baker	FULL MAIDEN NAME	Ada May Fisher
RESIDENCE	Lemhsey.	RESIDENCE	Lemhsey.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Salina Utah.
OCCUPATION	Farmer.	OCCUPATION	Domestic Wife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Martha M Scadden

(Physician or Midwife)

Address Donkom Idaho.

Given names added from a supplemental report

____, 19____

Ellis Kaufley Registrar

Filed Sept 16 1912 Ellis Kaufley Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

714-29-1003855

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8151

County of Bannock

City of Downey

Registration District No. 11 File No.

No. St.

Primary Registration District No. 2046 Registered No. 257

Hospital

FULL NAME OF CHILD Olive Lilly Gambles

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Aug 19 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William C. Gambles	Lilly Fay Henderson
RESIDENCE	Swan Lake, Idaho	Swan Lake, Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	22	20
BIRTHPLACE	Swan Lake, Idaho	Swan Lake, Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 10.20 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Cardwell

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Downey, Idaho.

Filed Sep. 10, 1912

Registrar

S-Y CO. 20174 J. C. Cardwell Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 12 1973

691-206.003-314

Form V. S. No. 11-C—20m-4-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 11 **File No.** 8152

No. ____ *St.*

Primary Registration District No. 2046 **Registered No.** 252

Hospital ____

FULL NAME OF CHILD Dorothy Eunice Francisco

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	August 6 1912

FATHER		MOTHER	
FULL NAME	Forest R. Francisco	FULL MAIDEN NAME	Nellie I. Campbell
RESIDENCE	Virginia , Idaho	RESIDENCE	Virginia, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Newport, Mich	BIRTHPLACE	Maitland, Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report

Address Downey, Idaho

____ 19____

[signature] Registrar

Filed Sept 10 1912 [signature] Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 7/5/73

255 146 003-613

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 8153
Local Reg. No.
Reg. Dist. No. 11

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Swan Lake

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Swan Lake

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Clifford b. (Middle): L. c. (Last): Kendall

4. SEX: Male

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Aug. 16, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Owen b. (Middle): E. c. (Last): Kendall

8. AGE (At time of this birth): 34 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Springville, Utah

10. USUAL OCCUPATION: Farming

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Susen b. (Middle): c. (Last): Walker

13. AGE (At time of this birth): 28 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Oxford, Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 4

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Elizabeth Kendall

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Swan Lake, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Sep. 10, 1912

22. REGISTRAR'S SIGNATURE: Ellis Kakly

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the VITAL STATISTICS, BOISE, IDAHO. trict where the birth occurred WITHIN 10 days after the date of birth of the child. Address

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 28 9 48 AM '72

State of ..... } ss.
County of ..... }

Certificate No. 8153

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Kenneth Kendall (Name on Original Certificate) who was born (Was Born or Died) on Aug. 16, 1912 (Date of Event)
in Swan Lake, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Kenneth Kendall	Clifford L. Kendall

Subscribed and sworn to before me this 24 day of June, 19 72

Edwin B. Jensen

Notary Public, residing at Aberdeen, Idaho

My commission expires 11-9-74

(Seal)

Signed Sarah E. Bright

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DN 60-155 L 4-12-65. one copy pd.

L.D.S. Church Cert. of Blessing, Nov. 3, 1912 gives full name as Clifford L. Kendall, son of Owen E. Kendall and Susie Walker, born Aug. 16, 1912 at Oxford, Idaho - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, Dec. 18, 1926 gives full name as Clifford L. Kendall, son of Owen E. Kendall and Susie Walker, born Aug. 16, 1912 at Oxford, Idaho - viewed by V.S.

L.D.S. Church Cert. of Ordination to the Holy Priesthood as a Teacher, April 1, 1928 gives full name as Clifford L.Kendall, born Aug. 16, 1912 at Oxford, Idaho to Owen E. Kendall and Susie Walker - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Swan Lake

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11

Primary Registration District No. 2046

File No. 8153 249

Registered No. 2049

FULL NAME OF CHILD Kennedy Kendall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one	and	Yes	Aug. 16, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Owen C. Kendall	Syrin Walker
RESIDENCE	Swan Lake Ida.	Swan Lake Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	28
BIRTHPLACE	Springville Utah	Oxford Ida.
OCCUPATION	Farming	House Wife.

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19....

Ellis Kendall Registrar

(Signature) Elizabeth Kendall

(Physician or Midwife)

Address Swan Lake. Idaho

Filed Sept 10 1912 Ellis Kendall Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FEB 8 1965

JUL 5 1973

483-222.003-155

Form V. S. No. 11-C

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8154

County of Bannock

City of Downey

Registration District No. 11 **File No.**

No. ____ *St.*

Primary Registration District No. 2046 **Registered No.** 280

Hospital ____

FULL NAME OF CHILD Blanche Mylin

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Aug 22 1912

FATHER	MOTHER
FULL NAME Walter Mylin	**FULL MAIDEN NAME** Lilla Jensen
RESIDENCE Downey	**RESIDENCE** Downey
COLOR W **AGE AT LAST BIRTHDAY** 26 (Years)	**COLOR** W **AGE AT LAST BIRTHDAY** 26 (Years)
BIRTHPLACE Copenhagen, Denmark	**BIRTHPLACE** Hyram, Utah
OCCUPATION Farmer	**OCCUPATION** Housewife

Number of child of this mother, including present birth 1 **Number of children of this mother now living, including present birth** 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5.20 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Mellmont

Physician
(Physician or midwife)

Address Downey, Idaho

Given names added from a supplemental report

____ 19____

Filed Sept 10, 1912 Ellis Carey
Registrar

B & CO. 20174 Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

399-22-9003-758

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey — Registration District No. 11 — File No. 8155

No. ——— St. — Primary Registration District No. 2046 — Registered No. 246

Hospital ———

FULL NAME OF CHILD Julia Ann Tripp

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			Yes	July 29 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Chester V. Tripp	FULL MAIDEN NAME	Minnie Gehring
RESIDENCE	Downey, Idaho	RESIDENCE	Downey, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Richmond, Utah	BIRTHPLACE	Downey, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. 9.50 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report

Address Downey, Idaho.

19 [signature] Registrar

Filed Sept 6 1912 [signature] Registrar

GO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 1 1972

252-229-603-743

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 9-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ____ St.

Hospital ____

Registration District No. 11

Primary Registration District No. 2046

File No. 8156

Registered No. 245

FULL NAME OF CHILD Elizabeth Sessions

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Aug. 29 1912

FATHER	MOTHER
FULL NAME: Sylvanus Sessions	FULL MAIDEN NAME: Elizabeth Guthrie
RESIDENCE: Downey	RESIDENCE: Downey
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 49 (Years)	AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Bountifull, Utah	BIRTHPLACE: Guntown, Miss.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.30P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

(Signature) J. Monnett

Physician (Physician or midwife)

Address Downey, Idaho.

Filed Sept 10 1912

Registrar

S-Y CO. 20174

Registrar

Sub. Reg.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

271-17.003-269

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 11 File No. 8157

No. ____ St.

Primary Registration District No. 2046 Registered No. 244

Hospital ____

FULL NAME OF CHILD Glen Lavell Spackman

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Aug. 17 1912

FATHER		MOTHER	
FULL NAME	Walter E. Spackman	FULL MAIDEN NAME	Hilda Sorenson
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	England	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report

Address Downey, Idaho

19 [signature] Registrar

Filed Sep. 10, 19 12 [signature] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

383408-042-791

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 2087 File No. 8159

No. ____ St.

Primary Registration District No. 2087 Registered No. ____

Hospital ____

FULL NAME OF CHILD Burman Harland Tyler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	8 8 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Byron A Tyler	Ethel Crabb
RESIDENCE	Buhl Ida	Buhl Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	27	26
BIRTHPLACE	Sioux City Iowa	Pedison Ohio
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. T. McClusky M.D.

(Physician or midwife)

Address Buhl

Given names added from a supplemental report

....., 19.....

Filed 8-13 1912 J. T. Murphy

S-Y CO. 20174 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 3 1972

55-205-042-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of 2 M. N. Buhl

No ____, ____ St.

Hospital ____

Registration District No. ~~2087~~ 23 File No. 8161

Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Zunia Graves

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	8 - 5 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. B. Graves.	Zunia Harlen
RESIDENCE	2 M. N. Buhl.	Same
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	44	34
BIRTHPLACE	Penn.	Ind.
OCCUPATION	Mountaineer.	Housewife.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

(Signature) J. A. Murphy. M. D.

(Physician or Midwife)

Address Buhl Ida.

Filed 8-7 1912 J. A. Murphy Registrar

SYMS - YORK CO., PTRS. & BDRS 17826

STATE OF IDAHO

Bureau of Water Resources

CERTIFICATE OF WATER

File No.

Application Permit No.

Priority of Application Permit No.

Application Received for Record

Permit to Appropriate the Public Waters of the State of Idaho

Permit No.

Name of Applicant

Address

Source of Water Supply

Tributary to

Point of Diversion

Quantity of Water to be Appropriated

Purpose of Use

Period of Use

Place of Use

Description of Diversion Works

Time Within Which Proposed Use Shall Be Made

Time Within Which Proposed Use Shall Be Completed

Time Within Which Application Shall Be Perfected

Extent to Which Beneficial Use Shall Be Made

Remarks

Director of Water Resources

Date of Issuance of Permit

Recorded

Examined and Approved

Chief, Division of Water Management

Chief, Bureau of Water Resources

Director of Water Resources

Date of Approval

Date of Issuance of License

449-211-042-314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of 2½ E 2½ Bubl.

No ____, ____ St.

Hospital ____

Registration District No ~~2087~~ 23 File No. 8162

Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Orella Murphy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	8 – 11 ,191 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. D. Murphy	Orella Lemon
RESIDENCE	2½ E 2 N. Bubl.	Dana
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	43	39
BIRTHPLACE	Ova.	Ind.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Murphy M. D.

(Physician or Midwife)

Address Bubl Ida

Given names added from a supplemental report

....., 19.....

Filed 8-12 1912 J. D. Murphy Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

OCT 31 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 8168

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Twin Falls
City of Buhl
No. 212-127-042-231 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Glenn Edward Baker

3. Sex: Male
If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term _____
7. Legitimate? yes
8. Date of birth Aug. 27 1912 (Month, Day, Year)

FATHER

9. Full name: William Henry Baker
10. Residence (usual place of abode) (If non-resident, give place and State): St. Paul, Nebr.
11. Color or race: W
12. Age at last birthday: 55 (years)
13. Birthplace (city or place) (State or Country): Terre Haute, Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: _____
16. Date (month and year) last engaged in this work: _____, 19____
17. Total time (years) spent in this work: _____

MOTHER

18. Full maiden name: Anna Caroline Scarborough
19. Residence (usual place of abode) (If non-resident, give place and State): St. Paul, Nebr.
20. Color or race: W
21. Age at last birthday: 45 (years)
22. Birthplace (city or place) (State or Country): Union Mills, Indiana

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: _____
25. Date (month and year) last engaged in this work: _____, 19____
26. Total time (years) spent in this work: _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks
30. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 6.30 P.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

_____ Registrar.

(Signed) J. H. Murphy M.D., M. D.
or _____, Midwife
Address Buhl, Idaho
Filed 8-27-12 J. H. Murphy Registrar.

...ITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than ...ne child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MAY 5 1943

295-127-042-263

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls.

City of Buhl

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 208723 File No. 8164

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD [redacted] Buen, Theodore

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Aug 27, 1912

FATHER		MOTHER	
FULL NAME	John Buen	FULL MAIDEN NAME	Anna Kaaldt
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Bohemia	BIRTHPLACE	N. Dak.
OCCUPATION	Rancher.	OCCUPATION	housewife

Number of child of this mother, including present birth ..... 1 .....

Number of children, of this mother, now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive ..... (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee M.D.

(Physician or Midwife)

Address Buhl Ida.

Given names added from a supplemental report

....., 19.....

Filed 8-30 1912 J. H. Murphy

..... Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS 17328

APR 8 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 17 9 39 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 8164

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Bren (male) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 27, 1912 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Theodore Bren

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Blaine }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of
April, 1974

Notary Public, residing at Hailey Idaho
My commission expires 11-25-76
(Seal)

Signed Irving E. Kasdale
(Signature of Any Credible Person)

Box 11 Bellevue Idaho 83313
(Street Address, City, State)

FORM DH 60-155

CL 4/8/74 1cc pd. rec. #1894

Insurance Policy from Insurance Company of North America gives name as Theadore and Adolph Bren. dated from June 17, 1958 to L961. policy signed June 17, 1958. Viewed by V. S.

Certificateof Membership to Western Bohemian Fraternal Assoc. gives name as Theodore Bren. dated May 26, 1936. Viewed by V. S.

MAY 1 1974

763-1[illegible]-2-23

PLACE OF BIRTH

County of Twin Falls

City of Filer

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Registration District No. 2nd

File No. 8105

No. ____ St.

Primary Registration District No. 2086

Registered No. ____

Hospital ____

FULL NAME OF CHILD G. WARREN Potter

Sex of Child: Boy	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: 8 (Month) 10 (Day) 1912 (Year)	

	FATHER	MOTHER
FULL NAME	George Potter	FULL MAIDEN NAME Florence Palmeter
RESIDENCE	Filer Ida	RESIDENCE Filer Ida
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	35 (Years)	29 (Years)
BIRTHPLACE	Sheldon Iowa	BIRTHPLACE Sheldon Iowa
OCCUPATION	Electrician	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A A Newberry M D

(Physician or midwife)

Address Filer

Given names added from a supplemental report

____ 19____

Filed 8-12 1912 A A Newberry

Registrar

Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev.-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

City of

MAR 10

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 8165

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for unnamed Potter who was born on August 10, 1912 in Filer, Idaho are ~~erroneous~~ or were omitted; and that, to the best of his knowledge, the true facts are shown by mother prepared on , are:

(Birth or Death) (Name on Original Certificate) (Was Born or Died) (Date of Event) (Place of Event) (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Potter	G. Warren Potter

Subscribed and sworn to before me this 6th day of March, 1942.

E. W. Bayhorn
Notary Public, residing at Filer, Idaho

My commission expires April 16, 1945
(Seal)

Signed Florence Potter Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Filer, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed A. A. Newberry attendant at above birth
(Signature of Any Credible Person Other Than Previous Year)

Twin Falls Idaho
(Street Address, City, State)

415-113-042-751

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 8166

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Raleigh Davis

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	8 13 191 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Grover Davis	Edna Pease
RESIDENCE	Filer Ida	Filer Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	26	22
BIRTHPLACE	Kansas	Wisconsin
OCCUPATION	Liverymen	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A A Newberry M D

(Physician or midwife)

Address Filer Ida

Given names added from a supplemental report

..... 19.....

Filed 8-15 19 12 John L Coughlen

Registrar

..... Registrar

S-Y CO. 20174

DEC 15 1959

DEC 17 1941

268-104-042-957

PLACE OF BIRTH

County of Twin Falls

City of

No. , St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C-1[illegible]

Registration District No. 23 File No. 8167

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other?	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)		Yes	8/4, 191[illegible]

FATHER		MOTHER	
FULL NAME	Abraham D Boylan	FULL MAIDEN NAME	Ida Ingles
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	AGE AT LAST BIRTHDAY (Years)	54
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ontario	BIRTHPLACE	Ontario
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Fraser

Physician

(Physician or Midwife)

Address Twin Falls

Given names added from a supplemental report

, 19 .

Filed 8-10 19.12 John F Douglas

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 1 3 1976

415-215-042 219

MARGIN RESERVED FOR BINDING

ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 8168

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD Virginia May Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	8, 15, 1912

FATHER		MOTHER	
FULL NAME	Wilbur Davis	FULL MAIDEN NAME	Myrtle Baile
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Mo.
OCCUPATION	Ranchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Pike

Physician (Physician or Midwife)

Address Twin Falls Ida.

Given names added from a supplemental report

____, 19____

Filed 8-20 1912 John H Coughlin

Registrar

YORK CO., PTRS. & BDRS. 17826

Registrar

963. 2091 042-757

PLACE OF BIRTH

Form V. S. No. 11-C—M&S 6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

" "

City of

No. , St.

Hospital

Registration District No. 23 File No. 8169

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD

Sex of Child: Female | Twin, Triplet, or other? | and Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of birth 8 (Month) 9 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: John D. Gollinger	FULL MAIDEN NAME: Genevieve Pearce
RESIDENCE: Hansen	RESIDENCE: Hansen
COLOR: White	AGE AT LAST BIRTHDAY (Years): 37
COLOR: White	AGE AT LAST BIRTHDAY (Years): 31
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 5th

Number of children, of this mother, now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician

(Physician or Midwife)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

Registrar

Filed 8-12 19 12 John L. Coughlan

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. No. 1104 - 10m-6-39-11

STATE OF IDAHO

PLACE OF BIRTH

255 - 1281042-692

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls

City of _____

No. _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 8170

Primary Registration District No. 2085 Registered No. _____

FULL NAME OF CHILD Ronald Wallace Kevan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	8/28/191[illegible]

FATHER		MOTHER	
FULL NAME	Chas. Kevan	FULL MAIDEN NAME	Edith Pearl Fish
RESIDENCE	T. F.	RESIDENCE	T. F.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ia	BIRTHPLACE	Ia
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or Midwife)

Address Twin Falls Ida

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed 9-3 19[illegible] John F. Coughlin Registrar

S-Y CO., 16670

AUG 2 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED VITAL STATISTICS SEP 24 1973 HR

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 8170

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Kevan (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 28, 1912 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church record (Bible Record, Insurance Policy, Etc.) prepared on September 7, 1913, (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Ronald Wallace Kevan

Subscribed and sworn to before me this 19 day of September, 1973

Notary Public, residing at Twin Falls

My commission expires 8/1/75

(Seal) Vaughn B. Wallace

Signed Elsie Wohlfart
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of September, 1973

Kathryn Peterson

Notary Public, residing at Twin Falls, Idaho

My commission expires 11-10-75

(Seal)

Signed Curtis T. Eaton
(Signature of Any Credible Person)

R F D # 2 Twin Falls, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 8/2/73

Cradle Roll gives name as Ronald Wallace Kevin born Aug. 28, 1912. from the Methodist Sunday School. Dated Sept. 7, 1913. Viewed by V. S.

OCT 15 1973

Insurance Policy from the Penn Mutual Life Insurance Company gives name as Ronald W. Kevan. Age 29. Policy No. 2363485. Dated Dec. 17, 1941. Viewed by V. S.

767.131.042-253

Form V. S. No. 11-C—15m-4-30-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

" "

City of ____ Registration District No. 23 File No. 8171

No. ____, ____ St. Primary Registration District No. 2085 Registered No. ____

Hospital ____

FULL NAME OF CHILD Vaughn Clyde Golden

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	8/31 1912

FATHER		MOTHER	
FULL NAME	Earl Milton Golden	FULL MAIDEN NAME	Goldie Anna A. Beckley
RESIDENCE	T. F.	RESIDENCE	T. F.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Kan	BIRTHPLACE	Kan
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1. P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician

(Physician or Midwife)

Address Twin Falls Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 9-3 19 12 John F. Laughlin Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 7 1975

369-204-042-363

PLACE OF BIRTH

County of Twin Falls

City of _____

No. _____ St.

Hospital _____

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 8172

Primary Registration District No. 2085 Registered No. _____

FULL NAME OF CHILD Anna Caroline Cordes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Aug 4 1912

FATHER		MOTHER	
FULL NAME	Joseph F. Cordes	FULL MAIDEN NAME	Ella M. Tolbert
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson M.D.

Physician

(Physician or midwife)

Address Twin Falls Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Aug 20 19 12 John F Coughenour
Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 10—Rev. 6-10-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

943-124.082-229

PLACE OF BIRTH

County of Twin Falls

City of " "

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 8173

Primary Registration District No. 2085 Registered No. _____

FULL NAME OF CHILD Johns Arthurs Rutter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes.	Aug 24 1912

FATHER		MOTHER	
FULL NAME	Walter Roy Rutter	FULL MAIDEN NAME	Margaret Maggie D Skinner
RESIDENCE	Twin Falls. Ida	RESIDENCE	Twin Falls. Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	California, Monitor	BIRTHPLACE	Oregon, Coburg
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Clonch

Physician

(Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept 1 1912

..... Registrar

John F Douglas
Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-432.042-993

PLACE OF BIRTH

Form V. S. No. 11-C 10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

" "

City of _____

Registration District No. 2 3 File No. 8174

No. _____, _____ St.

Primary Registration District No. 2055 Registered No. _____

Hospital _____

FULL NAME OF CHILD Wm. Morgan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Aug 12, 1912

FATHER		MOTHER	
FULL NAME	Vernie E. Morgan	FULL MAIDEN NAME	Nellie Kiling
RESIDENCE	near Berger Idaho	RESIDENCE	near Berger Idaho
COLOR	white	AGE AT LAST BIRTHDAY (Years)	33
COLOR	white	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ohio	BIRTHPLACE	Kansas
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 2 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas K. Scott

(Physician or ~~Midwife~~)

Given names added from a supplemental report

_____, 19____

Address Twin Falls Idaho

Filed Aug 15 19 12 John F. Boughein

_____ Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

MAY 12 1958

619.23.042-744

Form V. S. No. 2-C Rev. 3-11-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls,

City of Twin Falls,

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 ~~Twin Falls~~ File No. 8175

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		4	Yes	Aug 31 1912

FATHER		MOTHER	
FULL NAME	Geo Faires	FULL MAIDEN NAME	Minnie Bamm
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ____ M.D.

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

Filed Sept 3 1912 John F. Coughlan Registrar

.....
Registrar

S-Y CO. 20174

145-201-042-817

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 236 6th Ave. N. St.

Registration District No. 23

File No. 8176

Primary Registration District No. 2085

Registered No.

Hospital

FULL NAME OF CHILD. Verona Annetta Mund

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Aug 1 1912

FATHER		MOTHER	
FULL NAME	Herman W. Mund	FULL MAIDEN NAME	Jennie M. Haggard
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Illinois
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson M.D.

Physician (Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Aug 5 19 12 John F. Vaughan
Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 10 1971

3-17-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss
County of King }

RECEIVED
MAR 22 1971
Bureau of Vital Statistics

Certificate No. 8176

Date Filed

The undersigned does solemnly swear that certain facts in the certificate of Birth (Birth or Death)
for Unnamed Mund (Name on Original Certificate) who was born on Aug 7, 1912 (Date of Event)
in Twin Falls Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Verona Annetta Mund

Subscribed and sworn to before me this 19th day of March, 19 71

Notary Public, residing at Seattle

My commission expires 2-10-73

(Seal)

Signed Helen H. Thiel as Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2860 - 39th W. Seattle Wash 98199
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of March, 19 71

Notary Public, residing at Seattle

My commission expires 2-10-73

(Seal)

Signed Sergie W. Thiel
(Signature of Any Credible Person)

2860 - 39th W. Seattle Wa 98199
(Street Address, City, State)

FORM DH 60-155

icp pd rec # 9539 C.C. (M)

Notice in paper of marriage lists name as Verona Mund married to Berger Jacobson
Paper dated July 26, 1938.
Viewed by v.S.

MAR 22 1971

Washington State Teachers Retirement System , Prior Service Certificate states that Verona Annetta Mund Jacobson is a member of the Washington State Teachers Retirement System as of Sep. 1, 1948. Issued May 9, 1949
Viewed by V.S.

Transcript from University of Washington, Seattle, Washington gives name as Verona Annetta Mund. Transcript issued Aug 25, 1948. University Diploma Aug 25, 1937

Viewed by V.S.

594-207-042-966

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 23 File No. 8177

No. ....., ... St.

Primary Registration District No. 2085 Registered No. .....

Hospital .....

FULL NAME OF CHILD PHOEBE ESTHER ~~Isaacs~~ Sims

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	8 7 1912

FATHER		MOTHER	
FULL NAME	E. E. Sims	FULL MAIDEN NAME	Anna Rawlings
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Minnesota
OCCUPATION	Linotype operator	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) H. H. Pike

Physician

(Physician or Midwife)

Address Twin Falls Ida.

Filed 8-17 1912 John A. Coughlin Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO OCT 28 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jerome } ss.

Certificate No. 8177

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Susan Nims (Name on Original Certificate) who Born (Was Born or Died) on August 7, 1912 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on About August, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Susan	Phoebe Esther Nims

Subscribed and sworn to before me this 26th
day of October 1942
William G. Comstock
Probate Judge of Jerome County
~~Notary Public~~, residing at Jerome, Idaho
My ~~commission~~ term expires second Monday in January, 1943
(Seal)

Signed Phoebe Ernest Nims
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Jerome, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Jerome } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th
day of October 1942
William G. Comstock
Probate Judge of Jerome County
~~Notary Public~~, residing at Jerome, Idaho
My ~~commission~~ term expires second Monday in January, 1943
(Seal)

Signed John D. Nims
(Signature of Any Credible Person Other Than Previous Year)

Jerome, Idaho
(Street Address, City, State)

OCT 30 1942

819-107.042-291

Form V. S. No. H-O-Rev-1922

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Milner

No. ..... St.

Hospital .....

Registration District No. 23

Primary Registration District No. 2085

File No. 8178

Registered No. .....

FULL NAME OF CHILD Joseph W. Harryman

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 7th 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. H. Harryman	Amanda Bradshaw
RESIDENCE	Milner, Idaho.	Milner, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	23
BIRTHPLACE	Kansas	Iowa
OCCUPATION	Farmer	

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug. 10 1912 John F. Engleman Registrar

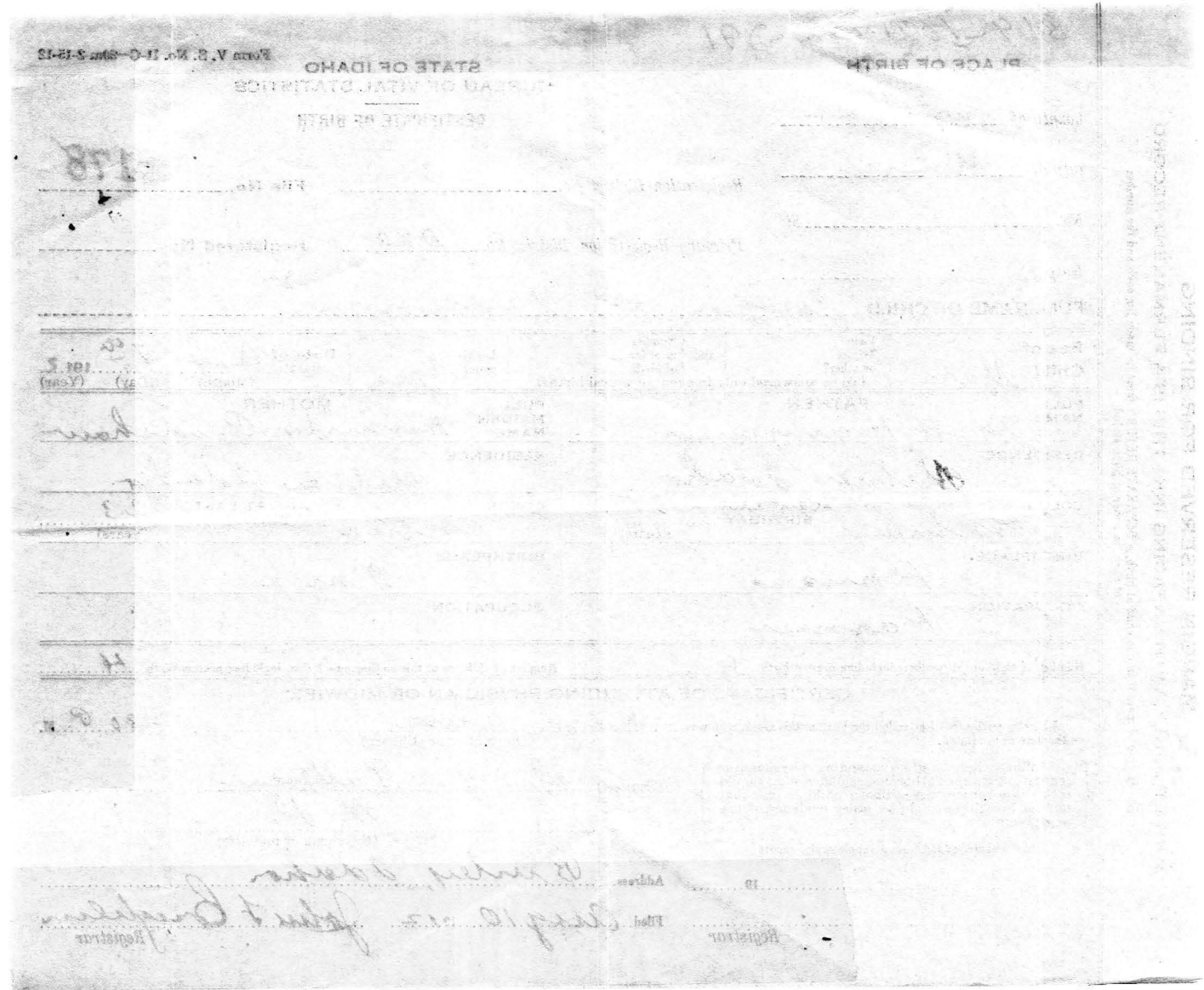
..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



847-297-042-481

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Registration District No. 23 File No. 8179

No. ....., ... St.

Primary Registration District No. 2085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorothy Higley

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl	other (To be answered only in event of plural births)	2	yes	Aug 7, 1912

FATHER		MOTHER	
FULL NAME	Frank E Higley	FULL MAIDEN NAME	Edyth Margaret Dyas
RESIDENCE	Hansen	RESIDENCE	Hansen
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Wisconsin	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) Aug 7, at 9:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Morgan M D

(Physician or Midwife)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

Filed Aug 10 1912 John T Bagley

Registrar

S-Y CO., 16670

Registrar

NOV 28 1969

11-28-69

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
FEB 18 1970
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 8179

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Higley (Name on Original Certificate) who was born (Was Born or Died) on Aug 7, 1912 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Unnamed	Dorothy Higley

Subscribed and sworn to before me this 31 ST day of January, 19 70

Notary Public, residing at Live Oak Calif.
My commission expires.
(Seal)

OFFICIAL SEAL
GEORGE F. PIERCE
NOTARY PUBLIC-CALIFORNIA
SUTTER COUNTY
My Commission Expires Nov. 2, 1972

Signed: Edith Dyas Higley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

10239 Wooley Rd Live Oak Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 ST day of January, 19 70

Notary Public, residing at Live Oak Calif.
My commission expires.
(Seal)

OFFICIAL SEAL
GEORGE F. PIERCE
NOTARY PUBLIC-CALIFORNIA
SUTTER COUNTY
My Commission Expires Nov. 2, 1972

Signed: Merlin Higley Anderson (sister)
(Signature of Any Credible Person)

4329 Bayswood Way
Sacramento, Calif 95825
(Street Address, City, State)

FORM DH 60-155

Correct 9771 Live Oak Blvd., Live Oak, Calif

Marriage Certificate for Richard Edward Gary and Dorothy Margaret Higley were married ~~XXX~~ Friday September 1, 1939 at Laquana Beach, California. Signed by Rev. Robert M. Hogarth. Viewed by V. S.

FEB 20 1970

Sawyer School of Business Los Angeles, California Diploma gives name as Dorothy M. Higley. Dated October 28, 1933. Signed by Lorite Sprowls, Secretary. Viewed byVS

464-110-042-294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 8180

Primary Registration District No. 3085 Registered No. .....

FULL NAME OF CHILD Roy Doughty

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	8 10 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. E. Doughty	Grace Bruce
RESIDENCE	Kimberly Ida.	Kimberly Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	23
BIRTHPLACE	Kansas	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was from alive (Born alive or stillborn) on the date above stated., at 10 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) W. G. Pike

Physician

(Physician or Midwife)

Address Twin Falls Ida.

Filed 8-15 1912 John F. Coughlin

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

NAME CHANGE

DUP OF 1912-104143

349-120-B-P2-251

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of ____

No. ____, ____ St.

Hospital ____

Registration District No. 23

File No. 8181

Primary Registration District No. 2085

Registered No. ____

FULL NAME OF CHILD Neil Clarence Carson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	8/20/191-

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. E. Carson	Reta Evelyn Beaman
RESIDENCE	Twin Falls	T F
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 33	White / 26
BIRTHPLACE	Calif.	Mo
OCCUPATION	Dayman	Housewife

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician

(Physician or Midwife)

Address Twin Falls.

Given names added from a supplemental report

....., 19.....

Filed 8-25 19 12 John F Coughlen

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 6 1942

433.109.042.231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital Twin Falls

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 8182

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Harry Stanbury McCoy

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		2	yes	Aug 29 1912

FATHER

FULL NAME Glurgeon McCoy

RESIDENCE Hansin Idaho

COLOR W AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Ohio

OCCUPATION Civil Engineer

MOTHER

FULL MAIDEN NAME Irene McCoy Stanbury

RESIDENCE Hansin Idaho

COLOR W AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Ohio

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos Boyd M.D.
(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 1 1912 John F Coughlan Registrar

S-Y CO. 20174

5/2/41 Z.J.

MAY 13 1969

189-12-9-042-445

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

" "

City of

No. , St.

Hospital

Registration District No. 23 File No. 8184

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	6 29 1912

FATHER		MOTHER	
FULL NAME	Howard Whitlock	FULL MAIDEN NAME	Theresa Dunne
RESIDENCE	Salmon River Trail	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Mich	BIRTHPLACE	Ireland
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10, M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Weaver

Physician

(Physician or Midwife)

Address Twin Falls.

Given names added from a supplemental report

....., 19.....

Filed 8-30 19 12 John F Coughlin

Registrar

.....

Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

863-225-042-289

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

" "

City of _____ Registration District No. 23 File No. 8185

No. _____, _____ St. Primary Registration District No. 2085 Registered No. _____

Hospital _____

FULL NAME OF CHILD Ula Mae Holland

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		2	yes	Aug 25, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence R Holland	Mary V. Stanley
RESIDENCE	Twin Falls	Twin Falls.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	28
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Miller	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Aug 25 - 12, at 12.30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Morgan M.D

(Physician or Midwife)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

Filed 9-1 19.12 John T. Anglen

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-30-11

1--9-73

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 26 5 18 PM

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 8185

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Imma, Unnamed Holland (Name on Original Certificate) who was born (Was Born or Died) on August 25, 1912 (Date of Event)
in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (over) (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Girls name	omitted	Ula Mae Holland

Subscribed and sworn to before me this 22 day of January, 19 73

Notary Public, residing at Twin Falls, Idaho
My commission expires May 22, 1974
(Seal)

X Signed Mary V. Stall and R
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of January, 19 74

Notary Public, residing at Twin Falls, Idaho
My commission expires May 22, 1974
(Seal)

Signed Carolyn S Holland
(Signature of Any Credible Person)

1535 Princeton Drive Twin Falls, Ida
(Street Address, City, State)

FORM DH 60-155

(Cap pd

Own childs birth certificate on file with state of Idaho, # 220561 gives maiden name of mother as Ula Mae Holland. Child born Feb. 26, 1934
[redacted] Viewed by VS

Certificate of Blessing for daughter Marcia Gail Jensen, blessed Nov.7,1937 at Twin Falls, Idaho, born Aug. 26, 1937 , Twin Falls, Idaho, gives mother name as Ula Holland.
Viewed by VS

294/21. 042-357

PLACE OF BIRTH

Form V. S. No. 11-C—

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of _____ Registration District No. 23 File No. 8186

No. _____, _____ St. Primary Registration District No. 2085 Registered No. _____

Hospital _____

FULL NAME OF CHILD PERRY ALEXANDER BRUCE

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	Yes	Aug 21, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	O. H. Bruce	Evans
RESIDENCE	Curry	Georgia Frances Leaf
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	21
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Aug 21-12, at 11 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan M D

Twin Falls

(Physician or Midwife)

Given names added from a supplemental report

_____, 19____

_____ Registrar

Address _____

Filed 9-1 19 12 John T. Englehorn Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C Jan-1-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nebraska } ss.
County of Frontier }

NOV 14 1941

Certificate No. 8186

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Perry Alexander Bruce (Birth or death)
for (Name on original certificate) who Born (Was born or died) on August 21 - 1912. (Date of event)
in Twin Falls, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Bruce	Perry Alexander Bruce
Perry Alexander Bruce		
August 21 - 1912		

Subscribed and sworn to before me this 12
day of November, 1941
R. M. Roach
Notary Public, residing at Maywood Neb
My commission expires 9-9-47
[SEAL]

Signed Mrs C. H. Bruce, mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

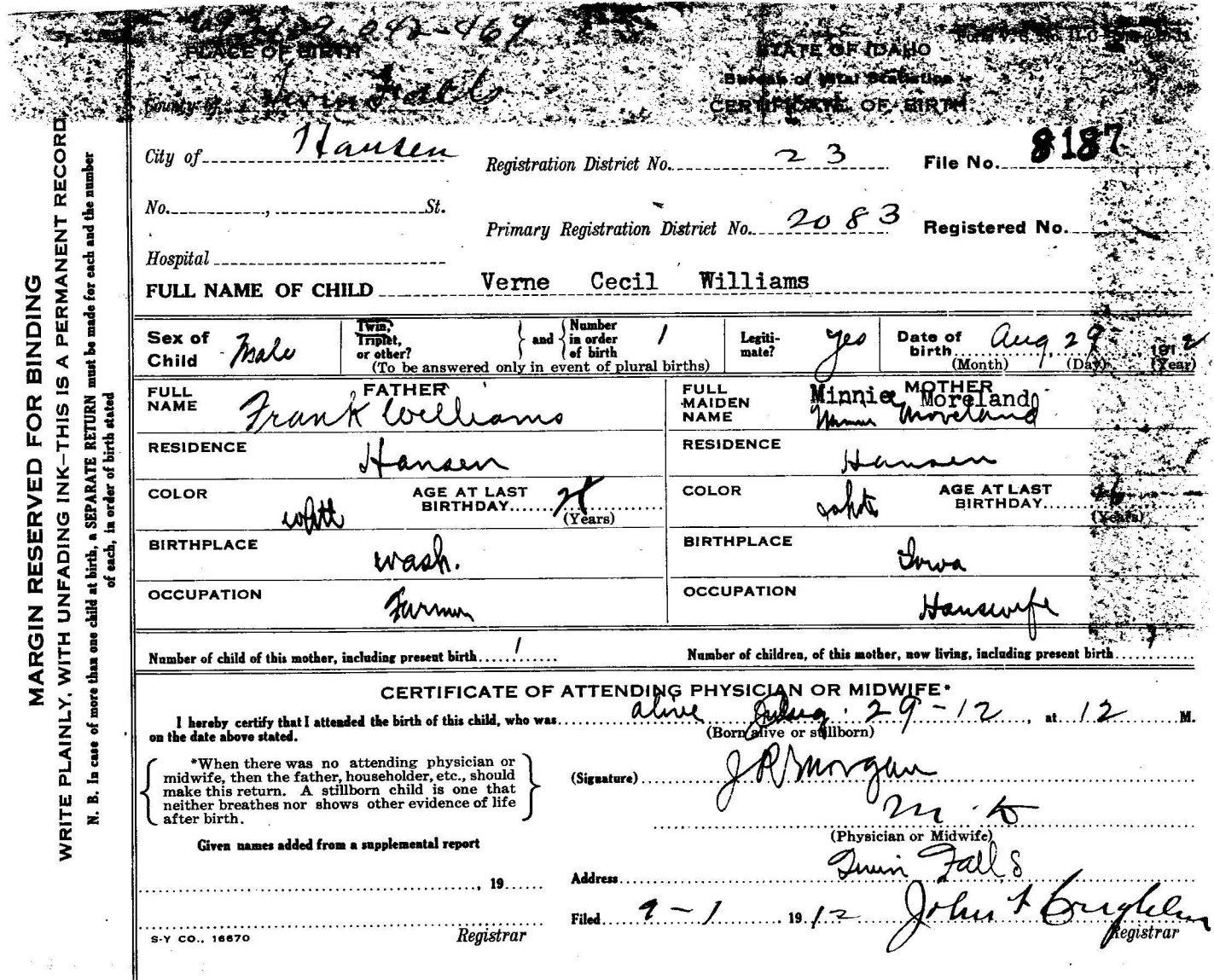
Subscribed and sworn to before me this
day of , 19
Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

NOV 17 1941



PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen — Registration District No. 23 — File No. 8187

No. ____, ____ St. — Primary Registration District No. 2083 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Verne Cecil Williams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes	Aug 29 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Williams	Minnie Moreland
RESIDENCE	Hansen	Hansen
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	27	26
BIRTHPLACE	Wash.	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) Aug. 29-12, at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan M.D.

(Physician or Midwife)

Address Twin Falls

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 9-1 19 12 John T. Bugbee Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. No. 11-0 Jan-6-41

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

1941-01-464

17

(Years)

(Years)

Own Child's Birth Cert. on file #24,458 gives full name of father as Verne Cecil Williams - viewed by V.S. and Beneficial Life Insurance Co. Policy, March 15, 1943 No. 237725 gives full name of Insured as Ora Rae Williams, age 7 gives beneficiaries as Verne Cecil Williams, father and Mae Williams, mother - viewed by V.S.

War Ration Stamp Book May 4, 1942 No. 233078 -363 gives full name as Verne Cecil Williams, age 29 - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 8187

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Williams (Name on Original Certificate) who born (Was Born or Died) on Aug. 29, 1912 (Date of Event)
in Hansen, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on 9-6-60 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Verne Cecil Williams

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of August, 19 60

.....
Notary Public, residing at Twin Falls, Idaho
My commission expires 2 23 64
(Seal)

Signed Ernest Egan.
(Signature of Any Credible Person)

Kimberly Idaho
(Street Address, City, State)

FORM DH 60-155 CL 8-24-60. nm

DEC 8 1960

245-228-042-735

Form V. S. No. 11-C—Rev. 9-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 209 6th Ave. N. St.

Hospital

Registration District No. 43

File No. 8188

Primary Registration District No. 7085

Registered No.

FULL NAME OF CHILD Sue Glenn Bunce

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Aug 28, 1912

FATHER		MOTHER	
FULL NAME	William Bunce	FULL MAIDEN NAME	Edna Glenn
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Pennsylvania
OCCUPATION	Clerk	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. R. Scott

Physician (Physician or Midwife)

Address Twin Falls Idaho

Filed 9-1 1912 John F. Greyhelm Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 12 1962

464-131-042-452

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 23 File No. 8189

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD FRANK KENNETH DRURY ~~Delbray~~ Drury

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	8 30 1912

	FATHER	MOTHER
FULL NAME	Wm J. Drury	FULL MAIDEN NAME Anna Deklotz
RESIDENCE	Twin Falls Ida.	RESIDENCE Twin Falls Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE Iowa
OCCUPATION	Gardener	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

(Signature) W. G. Tuke

Physician (Physician or Midwife)

Address Twin Falls, Idaho

Filed 9-1 1912 John L. Creighton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

NOV 7 1950

DECEASED

623-108042-243

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of ✓

No. ✓, St.

Registration District No. 23

File No. 8190

Primary Registration District No. 2085

Registered No.

Hospital

FULL NAME OF CHILD Osterlow

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Other (To be answered only in event of plural births)	✓	Yes	Aug 8, 1912

FATHER	MOTHER
FULL NAME Gerhart Osterlow	FULL MAIDEN NAME Louise Buck
RESIDENCE Twin Falls Co	RESIDENCE Twin Falls Co
COLOR White	COLOR W.
AGE AT LAST BIRTHDAY 45 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Oldenburg Germany	BIRTHPLACE Hilton Germany
OCCUPATION Farmer	OCCUPATION Hswf

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) Duncan L Alexander

Physician (Physician or Midwife)

Address Twin Falls

Filed 9-1 1912 John F Boughton Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

319-105-042-386

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 8191

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD Carr, MELVIN ELWOOD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	1	Yes	Aug 5, 1912

	FATHER	MOTHER
FULL NAME	K. H. Carr	FULL MAIDEN NAME Leah Hoss
RESIDENCE	Twin Falls Ida	RESIDENCE Same
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years) 20
BIRTHPLACE	Kans	BIRTHPLACE N Mex.
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

(Signature) Duncan L. Abernethy

Physician

(Physician or Midwife)

Address Twin Falls Ida.

Filed 9-1 19 12 John F. Engblen Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-41

PLACE OF DEATH

County of Jefferson Parish

City of Jefferson Parish Registration

CERTIFICATE OF DEATH

Bureau of Vital Statistics

State of Louisiana

File No. 8197

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH ~~OR~~ DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 8191
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Unnamed Carr (Name on original certificate) who was born (Was born or died) on August 5, 1912 (Date of event)
in Twin Falls, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Carr	Melvin Elwood Carr
		Haskell

Subscribed and sworn to before me this 11th
day of December, 19 41
Marian Dunn
Notary Public, residing at Twin Falls, Ida.
My commission expires Jan. 24, 1943
[SEAL]

Signed Kenneth Carr
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R3, Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th
day of December, 19 41
Marian Dunn
Notary Public, residing at Twin Falls, Ida.
My commission expires Jan. 24, 1943
[SEAL]

Signed G W Eggleston
(Signature of any credible person other than the previous affiant.)
299 So. Locust St. Twin Falls, Ida.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

DEC 18 1941

OCT 12 1954

355-24.042-257

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls

City of ✓

No. ✓ St.

Hospital ✓

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form ... S. No. ... 20-11

Registration District No. 23 File No. 8192

Primary Registration District No. 2085. Registered No.

FULL NAME OF CHILD ROSEMARY Leedom

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	Other	✓	Yes	Aug 14, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William P. Leedom	Etta Beaver
RESIDENCE	Twin Falls Co	Twin Falls County
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	42
BIRTHPLACE	Hartford Ind.	Iowa City Iowa
OCCUPATION	Farmer	Housf.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L. Alexander

Physician (Physician or Midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 9-1 19.12 John F. Coughlin Registrar

S-Y CO., 16870

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 8192

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Rosemary Leedom (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on August 14-1912 (DATE OF EVENT)
in Twin Falls - Idaho (PLACE OF EVENT) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Leedom	Rosemary Leedom

Subscribed and sworn to before me this 17th
day of April, 1942

Myrtle C. Quisenberry
Notary Public, residing at North Hollywood Cal
My commission expires My Commission Expires July 19, 1945
(SEAL)

Signed W P Leedom
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)
11668 Van Owen St - No Hollywood Cal.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....
My commission expires .....
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on APR 22 1942 By .....
(REGISTRAR'S SIGNATURE)

APR 24 1942

271-112-042-281

PLACE OF BIRTH

Form V. S. No. 1-C—16m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 23 File No. 8193

No. South Side Add, St.

Primary Registration District No. 2086 Registered No.

Hospital

FULL NAME OF CHILD Oliver Kenneth Sparks

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	One (To be answered only in event of plural births)	✓	Yes	8 12 1912

FATHER		MOTHER	
FULL NAME	Clayton B Sparks	FULL MAIDEN NAME	Oliva M. Shaw
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Mo.	BIRTHPLACE	Wabaunsee Co Ks.
OCCUPATION	Railroad Conductor	OCCUPATION	Hswf

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S Mean - L Alexander

Physician

(Physician or Midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

....., 19.....

Filed 9-1 1912 John T Coughlin

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF ILLINOIS

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

8153

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF [redacted]TISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERT[redacted]S OF BIRTH OR DEATH

State of Idaho } ss. OCT 31 1941
County of ~~Blaine~~ Twinfalls County

Certificate No. 8195
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Sparks (Name on original certificate) who was born (Was born or died) on Aug 12, 1912 (Date of event)
in Twinfalls (Place of event) Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name Oliver Kenneth Sparks	Unnamed Sparks	Oliver Kenneth Sparks

Subscribed and sworn to before me this 28th day of October 1941

E. F. Pareham
Notary Public, residing at Sunnyvale, Calif

My commission expires
[SEAL]

Signed Clayton B Sparks FATHER
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

105 Carroll St - Sunnyvale, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Santa Clara }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of October 1941

E. F. Pareham
Notary Public, residing at Sunnyvale Calif

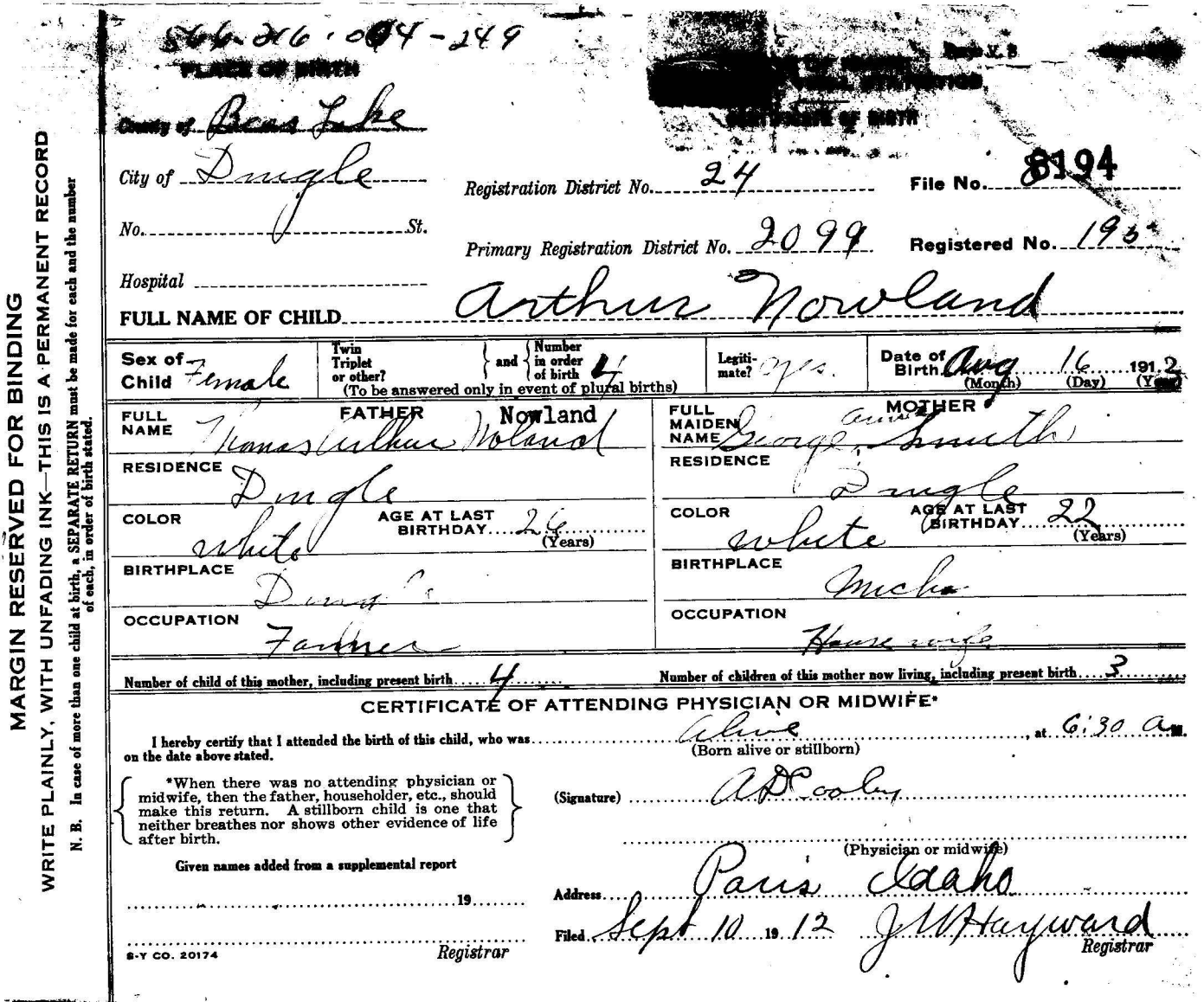
My commission expires MY COMMISSION EXPIRES APRIL 6, 1943
[SEAL]

Signed x Oliver M Sparks
(Signature of any credible person other than the previous affiant.)

105 Carroll St
(Street Address, City, State)
Sunnyvale Calif

Received for filing on By
(Registrar's signature)

NOV 3 1941
RECEIVED



Sub 26-004-149

PLACE OF BIRTH

County of Bear Lake

City of Dingle

No. 0 St.

Hospital

Registration District No. 24 File No. 8194

Primary Registration District No. 2099 Registered No. 193

FULL NAME OF CHILD Arthur Nowland

Sex of Child Female

Twin Triplet or other? and Number in order of birth 4

(To be answered only in event of plural births)

Legitimate? Yes.

Date of Birth Aug (Month) 16 (Day) 1912 (Year)

FATHER

FULL NAME Thomas Arthur Noland

RESIDENCE Dingle

COLOR white AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Penn

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Georgia Smith

RESIDENCE Dingle

COLOR white AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Mich

OCCUPATION Housework

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A D Cooley

(Physician or midwife)

Address Paris Idaho

Given names added from a supplemental report

.....19.....

.....Registrar

Filed Sept 10 19 12 J M Hayward Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-222-004-817

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-11

CERTIFICATE OF BIRTH

Registration District No 24

File No. 8195

Primary Registration District No. 2098

Registered No. 200

FULL NAME OF CHILD Janice Preston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		3	Yes	Aug. 22, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. S. Preston	Ina Hagen
RESIDENCE	Montpelier	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	30
BIRTHPLACE	Des Moines, Ia	Evanston, Wyo.
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S S Haynes M D

(Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept. 10, 1912 J. W. Hayward

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

JUN 26 1942

Amended 2-1-68

113-21-004-155

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 8196
Local Reg. No. 206
Reg. Dist. No. 24

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH

a. COUNTY: Bear Lake

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Montpelier

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bear Lake

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Montpelier

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Lela b. (Middle): Josephine c. (Last): Jacobsen

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN X TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd X 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): August 14, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Jacob b. (Middle): A. c. (Last): Jacobsen

8. AGE (At time of this birth): 39 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Denmark

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Annie b. (Middle): Mary c. (Last): Jensen

13. AGE (At time of this birth): 35 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Denmark

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 4

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: D'Orr Pynter, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Montpelier, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Sept. 10, 1912

22. REGISTRAR'S SIGNATURE: J. W. Hayward

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JUL 19 1967 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 8196

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Lillian Josephine Jacobsen (Name on Original Certificate) who was born (Was Born or Died) on Aug. 14, 1912 (Date of Event)

in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Lillian Josephine Jacobsen	Lela Josephine Jacobsen
Full Maiden Name of Mother	Anna Maria Jacobsen	Anne Mary Jensen
Full Name of Father	Jacob Jacobsen	Jacob Albert Jacobsen
Father's Age and Mother's Age	13 39 and 35	35 and 39

Subscribed and sworn to before me this ..... day of ....., 19..67

Gertrude C. McCord

Notary Public, residing at Montpelier Idaho

My commission expires 7-16-69

(Seal)

Signed Lela Josephine Jacobsen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Randolph Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of ....., 19..67

Gertrude C. McCord

Notary Public, residing at Montpelier Idaho

My commission expires 7-16-69

(Seal)

Signed Vinnie Jensen

(Signature of Any Credible Person)

Star Route 1 Montpelier Idaho

(Street Address, City, State)

FORM DH 60-155 CL 4-20-67. one copy pd.

L.D.S. Church Certificate of Record of Membership, Baptized Sept. 5, 1920, statement written by Leo C. Telford, Ward Clerk, dated May 28, 1967, Randolph, Utah states "According to the records of the Randolph Ward of the L.D.S. ~~Sehu~~ Church Lela Joseph Jacobson Smith, daughter of Jacob A. Jacobson and ~~M~~ Annie Mary Jensen Jacobson was born Aug. 14, 1912 at Wardboro, Idaho ~~//bapt////~~/ - viewed by V.S.

L.D.S. Church Certificate of Recordof Membership, Blessed Oct. 6, 1912 gives full name as Lela Josephine Jacobson Smith, born Aug. 14, 1912 at Waldboro, Idaho to Jacob A. Jacobson and Annie Mary Jensen - viewed by V.S.

Statedthat she could obtain no other documents. Issued certificate with parents' ages as they were and parents' names as Jacob A. Jacobsen and Annie Mary Jensen as requested in letter of Oct. 23, 1967.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

24 — Registration District No.

8196 — File No.

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____, ____ St.

Hospital

2098 — Primary Registration District No.

206 — Registered No.

FULL NAME OF CHILD Lillian Josephine Jacobsen

Sex of Child: Female

Twin, Triplet or other? Twin — and Number in order of birth: Second

(To be answered only in event of plural births)

Legitimate? Yes.

Date of birth: Aug 14th, 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Jacob Jacobsen	FULL MAIDEN NAME: Anna Maria Jacobsen
RESIDENCE: Montpelier	RESIDENCE: Montpelier
COLOR: White — AGE AT LAST BIRTHDAY: 39 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Denmark	BIRTHPLACE: Denmark
OCCUPATION: Farmer	OCCUPATION: Wife

Number of child of this mother, including present birth: 5

Number of children, of this mother, now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Don Joyce, Jr. M.D.

Physician

(Physician or Midwife)

Address Montpelier Idaho

Filed Sept. 10, 1912 J. W. Hayward
Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

MAR 30 1967

FEB 1 1968

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

894-213.00K-245
Amended 3-3-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 8197
Local Reg. No. 203
Reg. Dist. No. 24

1. PLACE OF BIRTH
a. COUNTY: Bear Lake
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Montpelier
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Montpelier
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Bernice
b. (Middle):
c. (Last): Hirschi

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) August (Day) 13, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): William
b. (Middle):
c. (Last): Hirschi

8. AGE (At time of this birth): 32 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Switzerland

10. USUAL OCCUPATION: Laborer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Anna
b. (Middle):
c. (Last): Kunz

13. AGE (At time of this birth): 25 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Montpelier, Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: D'Orr Poynter, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Montpelier, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Sept. 10, 1912

22. REGISTRAR'S SIGNATURE: J. W. Hayward

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Cache }

RECEIVED NOV 19 1964 Bureau of Vital Statistics

Certificate No. 8197

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Bernice Herschie (Name on Original Certificate) who was born (Was Born or Died) on Aug. 4, 1912 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Bernice Herschie	Bernice Hirschi
Child's Date of Birth	Aug. 4, 1912	August 13, 1912
Full Name of Father	Wm. Herschie	William Hirschi

Subscribed and sworn to before me this 6th day of November, 1964

Notary Public, residing at Hyde Park, Utah

My commission expires 5 June 1965 (Seal)

Signed Emma K Hirschi -Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

94 West 3rd North - Logan, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of November, 1964.

Notary Public, residing at Hyde Park, Utah

My commission expires 5 June 1965 (Seal)

Signed Martha Hansen - Aunt
(Signature of Any Credible Person)

210 West 1st South- Logan, Utah
(Street Address, City, State)

FORM DH 60-155

SL 2-11-64. one copy pd. rec. #15578.

L.D.S. Church Cert. of Baptism and Confirmation, Aug. 1, 1920 gives full name as Bernice Herschi, daughter of William C. Herschi and Anna Kunz, born August 13, 1912 at Montpelier, Idaho - the e in the child's last name and the father's last name has been changed to an i therefore, we cannot accept it as a good document for these corrections - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, Aug. 1, 1920 gives full name as Bernice Hirschi, daughter of William C. Hirschi and Anna Kunz, born Aug 13, 1912 at Montpelier, Idaho - viewed by V.S.

Newspaper clipping of father's death, gives full name as William C. Hirschi, died in 1948 at Logan, Utah - appeared in June 3, 1948 paper - viewed by V.S.

Photo Copy of Family Registrar, appears old and unaltered gives one child's full name as Bernice Hirschi, born Aug. 13, 1912 at Montpelier, Idaho - viewed by V.S. photo copy has been Notarized.

Marriage Certificate, State of Utah, County of Cache, married Dec. 1, 1909 at Logan, Utah gives full name of groom as William C. Hirschi and full name of bride as Anna Kunz - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-11

CERTIFICATE OF BIRTH

Registration District No 24 File No. 8197

Primary Registration District No 2098 Registered No. 203

FULL NAME OF CHILD Bernice Hirschi

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) 191 (Year)
Female			Yes	Aug. 4 5

FATHER		MOTHER	
FULL NAME	Lorn Hirschi	FULL MAIDEN NAME	Anna Kunz
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Switzerland	BIRTHPLACE	Montpelier
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. M. Poppleton M.D.

(Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept. 10 1912 J. M. Hayward

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

MAR 3 1966

Amended 8-1-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 8198
Local Reg. No. 202
Reg. Dist. No. 24

1. PLACE OF BIRTH
a. COUNTY: Bear Lake
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Montpelier
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Raymond
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Woodruff
b. (Middle): Jensen
c. (Last): Teuscher

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Aug. (Day) 16, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Charles
b. (Middle):
c. (Last): Teuscher

8. AGE (At time of this birth): 34 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Switzerland

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Carrie
b. (Middle):
c. (Last): Jensen

13. AGE (At time of this birth): 32 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Montpelier, Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 7
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: D'Orr Poynter, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Montpelier, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Sept. 10, 1912

22. REGISTRAR'S SIGNATURE: J. W. Hayward

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

8-1-68

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
AUG 1 1968
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 8198

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Teuscher (Name on Original Certificate) who was born (Was Born or Died) on Aug 16, 1912 (Date of Event)

in Montpelier (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	unnamed	Woodruff Jensen Teuscher

Subscribed and sworn to before me this 1 day of August, 1968.

Stephen L. Hurlbert

Notary Public, residing at Eagle, Idaho

My commission expires Sept 28, 1968

(Seal)

Signed Lois Ann Day
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Social Security Card, # 518-28-2030 gives name as Woodruff Jenson Teuscher. Card issued 1938,bySocial Security Adm.
Viewed by V.S.

Idaho Condensed Brand Certificate, # 20356-A gives name as Woodruff Jensen Teuscher
Issued by State of Idaho(Renewed in July 1, 1964.
Viewed by V. S.

Own childs birth certificate on file - Idaho gives name as Woodruff Jensen Teuscher.
Child Born Aug 31, 1947, Certificate # 442293.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 8198

Primary Registration District No. 2098 Registered No. 202

FULL NAME OF CHILD Not Named Russel Henry Teuscher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		8	yes	Aug. 16, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Teuscher	Carrie Jensen
RESIDENCE	Raymond	Raymond
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	32
BIRTHPLACE	Switzerland	Montpelier
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. M. Tyree M.D.

(Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept. 10, 1913 J. W. Hayward

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

AUG 1 1968

693-22.004-156

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No ....., ... St.

Hospital .....

Registration District No. 24 File No. 8199

Primary Registration District No. 2098 Registered No. 200

FULL NAME OF CHILD Not Named MAUDE ZELLE WILLIAMS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		3	Yes	Aug. 22, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Williams	Sylvia Jewett
RESIDENCE	Montpelier	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	23
BIRTHPLACE	Pittsburg, Pa	Montpelier
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 00 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept. 16, 1912 J. M. Hayward

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

JUL 8 1955

113 IDA 00F155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No. 8200

Primary Registration District No 2098 Registered No. 199

FULL NAME OF CHILD Lee Jene Jacobsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (1912) (Year)
Male	Twin	First	Yes.	Aug 14th

FATHER		MOTHER	
FULL NAME	Jacob Jacobsen	FULL MAIDEN NAME	Anna Maria Jensen
RESIDENCE	Montpelier Idaho	RESIDENCE	Montpelier
COLOR	White	AGE AT LAST BIRTHDAY	39 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Farmer (Wife)

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Don Boyden MD

Physician (Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept. 10-1913 J. W. Hargraves Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

AUG 13 1959

415-125-10048 44

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 8201

Primary Registration District No. 2098 Registered No. 198

FULL NAME OF CHILD JACK MANSFIELD

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	August 25 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Mansfield	FULL MAIDEN NAME	Edna Ericcson
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	England	BIRTHPLACE	Logan
OCCUPATION	Actor	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dudley M. Cook

(Physician or midwife)

Address Montpelier Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept. 10 1912 J. W. Hayward Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE

County of

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 8201
Date Filed Oct- 8th 1941

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Jack Mansfield (Name on original certificate) who Was Born (Was born or died) on Aug 25- 1912 (Date of event)
in Montpelier Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Eliza Harrison Mansfield Mother (Bible record, insurance policy, etc.) prepared on Oct-8. 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Mansfield	Jack Mansfield

Subscribed and sworn to before me this 8th
day of October, 1941.

Notary Public, residing at Seattle

My commission expires June 27, 1945
[SEAL]

Signed Eliza Mansfield Harper
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4051 Letitia Ave., Seattle
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

OCT 14 1941

DEC 16 1968

712-228:00x-653

PLACE OF BIRTH

Form V S. No. 11-S—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8202

8202

County of Bear Lake

City of Georgetown Registration District No. 24 File No.

No. St. Primary Registration District No. 2096 Registered No. 197

Hospital

FULL NAME OF CHILD CATHERINE Elda Rasmusson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	August 28 1912

FATHER	MOTHER
FULL NAME Charles Rasmusson	FULL MAIDEN NAME L. J. Hulker
RESIDENCE Georgetown	RESIDENCE Georgetown
COLOR W AGE AT LAST BIRTHDAY 31 (Years)	COLOR W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Georgetown	BIRTHPLACE Bloomington
OCCUPATION Farmer	OCCUPATION W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley and Cooley

(Physician or midwife)

Address

Given names added from a supplemental report

19

Registrar

Filed Sept. 10—19 12 J. W. Hayward
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

249-14-066559

Form V. S. No. 1-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Bonnan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 8203

Primary Registration District No. 2096 Registered No. 196

FULL NAME OF CHILD Earl Lloyd Buntschi

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)*	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	August 14 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Buntschi	Valura Enz
RESIDENCE	Bonnan	Bonnan
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	53	43
BIRTHPLACE	Switzerland	Switzerland
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A D Cooley (Physician or midwife)

Address Paris Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept. 10 1912 J. W. Hayward Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 28 1963

884/24.00K396

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Bennington

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No. 8204

Primary Registration District No. 2093 Registered No. 207

FULL NAME OF CHILD Donald Sloundley Hymas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M				July 24 1912

FATHER		MOTHER	
FULL NAME	W H Hymas	FULL MAIDEN NAME	Sarah Jane Crossley
RESIDENCE	Thurston	RESIDENCE	Thurston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Liberty	BIRTHPLACE	Liberty
OCCUPATION	Farmer	OCCUPATION	Work

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7.30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley and Healy

(Physician or Midwife)

Address ____

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept. 10. 1912 J. W. Hayward

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

PLACE OF BIRTH

STATE OF IDAHO

CERTIFICATE OF BIRTH

File No.

Registration District No.

Primary Registration District No.

Registered No.

FULL NAME OF CHILD

Sex of Child

This Child (or twin) (or triplet) (in order of birth)

and

Weight at Birth

Length at Birth

Date of Birth

(To be answered only in case of plural births)

FATHER

MOTHER

FULL MAIDEN NAME

COLOR

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE (State or Foreign Country)

OCCUPATION

Number of children of this mother living now ..... Number of children of this mother born before this birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child who was born alive at ..... m. on the date above stated.

*[Where there was no attending physician or midwife either living in or called in attendance at the birth, then the father, householder, manager or superintendent of the institution where the birth occurred, or other competent person present at the birth, should make a report of the facts within his knowledge.]

(Signature)

(Physician or Midwife)

(Address)

(Title)

Registrar

712-230-004-516

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Lanark

No. ..... St.

Hospital .....

Registration District No. 24 File No. 8205

Primary Registration District No. 2093 Registered No. 205

FULL NAME OF CHILD Thelma Cassery

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem			yes	Aug 30 1912

FATHER		MOTHER	
FULL NAME	Clayson Cassery	FULL MAIDEN NAME	Edna Mooney
RESIDENCE	Lanark	RESIDENCE	Lanark
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley A. Cooley

(Physician or midwife)

Address Montpelier Idaho

Given names added from a supplemental report

.....19.....

Filed Sept 10 19 12 J. W. Hayward

Registrar

.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 2.0

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

962.125.004-765

PLACE OF BIRTH

County of Bear Lake

City of Smark's

No. ..... St.

Hospital .....

Form ... Ida. C ... 12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 8206

Primary Registration District No. 2093 Registered No. 194

FULL NAME OF CHILD Charles David Roberts

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Aug 25 1912

FATHER		MOTHER	
FULL NAME	Thomas Roberts	FULL MAIDEN NAME	Barbara Goebel
RESIDENCE		RESIDENCE	Smark
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Smark,	BIRTHPLACE	Smark
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) A. P. Cooley

(Physician or midwife)

Address Paris Idaho

Filed Sept. 10 19 12 J. M. Hayward Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 7 1960

133-122-004-613

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 8207

Primary Registration District No. 2092 Registered No. 217

FULL NAME OF CHILD Parley Edwin Allred

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug. 22 1912

FATHER		MOTHER	
FULL NAME	Parley L Allred	FULL MAIDEN NAME	Pearl Jackson
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hayward M.D.
(Physician or midwife)

Address Paris Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept. 10, 1912 J. W. Hayward
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 8207

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Parley Edwin Allred
Date	Aug. 22	Aug. 26, 1912

Subscribed and sworn to before me this 20 day of July, 1946

Notary Public, residing at Preston Idaho.

My commission expires .....
(Seal)

Signed Parley E. Allred.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JUL 2 3 1942

386-125-COX-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Bloomington

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No 8208

Primary Registration District No 2091 Registered No. 204

FULL NAME OF CHILD William Lamart Thornock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	June 25 1917

FATHER	MOTHER
FULL NAME G F Thornock	FULL MAIDEN NAME Mary E Valentine
RESIDENCE Bloomington	RESIDENCE Bloomington
COLOR W AGE AT LAST BIRTHDAY 41 (Years)	COLOR W AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Bloomington	BIRTHPLACE England
OCCUPATION Farmer	OCCUPATION None

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley and Lowe (Physician or Midwife)

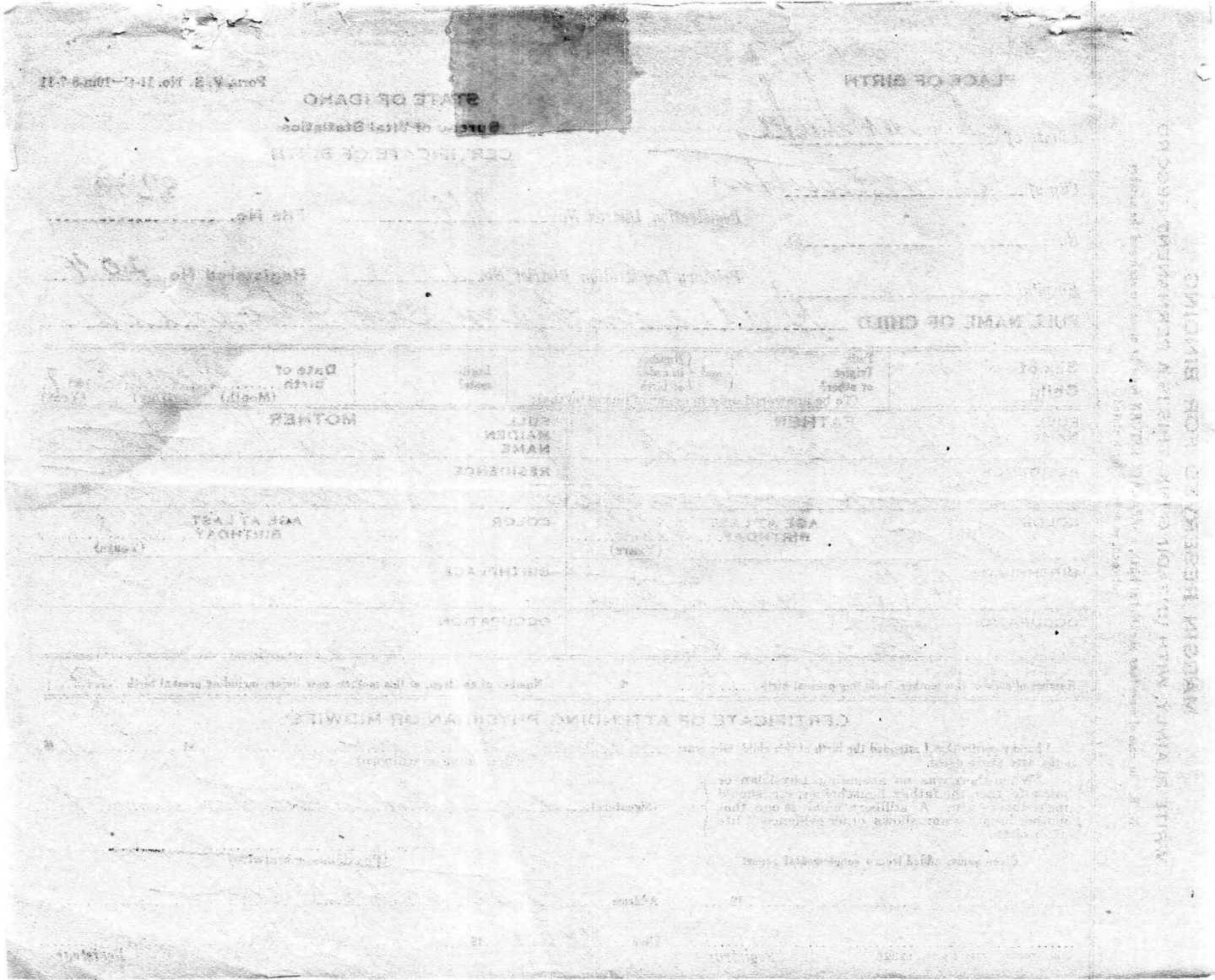
Address Montpelier

Given names added from a supplemental report

....., 19.....

Filed Sept. 10 1917 J. W. Hayward Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826 Registrar



693403.002931

Form V. S. No. 11.0

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of St Charles

Registration District No. 24

File No. 8209

No. ..... St.

Primary Registration District No. 2090

Registered No. 218

Hospital .....

FULL NAME OF CHILD Alvin Bernell Wilkes

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Aug 3 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Wilkes	Elsie Blade
RESIDENCE	St Charles	St Charles
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	29	24
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 p. M. on the date above stated.

(Signature) J. H. Hayward M.D.

(Physician or midwife)

Address Paris Ida

Filed Aug 10 1912 J. H. Hayward Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 23 1950

513105-028-396

[redacted] PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTI[redacted]

Fo[redacted]1-C—20m-2-15-12

CERTIFICATE OF BIRTH

County of Kootenai

City of Cliico

Registration District No. 12

File No. 8210

No. ____ St.

Primary Registration District No. 2051

Registered No. 199

Hospital ____

FULL NAME OF CHILD Robert Edwin Eaton

Sex of Child M

Twin Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Aug (Month) 8 (Day) 1912 (Year)

FATHER

FULL NAME Sam R Eaton

RESIDENCE Cliico

COLOR W

AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Mo

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Grace Gow

RESIDENCE Cliico

COLOR W

AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Neb.

OCCUPATION None

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. D. Dreeman M D (Physician or midwife)

Address Bonners Ferry Ida

Given names added from a supplemental report

....., 19.....

Filed 9/10 1912 A D Dreeman Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 7 1955

856-215-028-458

Form V. S. No. 21-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Athol

No. ..... St.

Registration District No. 12 File No. 8211

Primary Registration District No. 2051 Registered No. 198

Hospital .....

FULL NAME OF CHILD Velma Lorraine Hewitt 198

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Aug 15 1912

FATHER		MOTHER	
FULL NAME	Ben T. Hewitt	FULL MAIDEN NAME	Nellie Meyers
RESIDENCE	Athol Ida	RESIDENCE	Athol Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ore	BIRTHPLACE	Ore
OCCUPATION	Farm Laborer	OCCUPATION	Hse

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L D Drennan MD

(Physician or midwife)

Address Bellerdeau

Given names added from a supplemental report

..... 19.....

Filed 9/10 1912 L D Drennan

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 14 1959

993-205-028-958

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 12 File No. 8212

No. ____ St.

Primary Registration District No. 2051 Registered No. 197

Hospital ____

FULL NAME OF CHILD Vera Rice

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	May 5 1912

FATHER		MOTHER	
FULL NAME	Lon Rice	FULL MAIDEN NAME	Emma Reynolds
RESIDENCE	Rathdrum	RESIDENCE	Rathdrum
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mo	BIRTHPLACE	Del
OCCUPATION	Sawmill Labr	OCCUPATION	Hse

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Dykeman M.D. (Physician or midwife)

Address Rathdrum Ida.

Given names added from a supplemental report

....., 19.....

Filed 9/10 1912 W. D. Dykeman Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

45-105-028-236 Amended 5-18-73

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Kootenai

City of Post Falls

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 8213

Primary Registration District No. 2051 Registered No. 185

FULL NAME OF CHILD Charles David Means

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	✓	Yes	Aug. 5th, 1912

FATHER		MOTHER	
FULL NAME	Lee David Means	FULL MAIDEN NAME	Frances Bell Schureman
RESIDENCE	Post Falls, Idaho	RESIDENCE	Post Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Saybrook, Ill.	BIRTHPLACE	Saybrook, Ill.
OCCUPATION	Banker-Cashier	OCCUPATION	Housewife

Number of child of this mother, including present birth First

Number of children, of this mother, now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Glen J. Ten Brook, M.D.

(Physician or Midwife)

Address Post Falls, Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 9/10 1912 D. D. Freeman
Registrar

S-Y CO., 16670

APR 9 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 23 11 07 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CALIFORNIA
County of Santa Clara } ss.

Certificate No. 8213

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for David Charles Means (Name on Original Certificate) who was born (Was Born or Died) on Aug. 5, 1912 (Date of Event)
in Post Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	David Charles Means	Charles David Means

Subscribed and sworn to before me this 13th day of April, 1973

Catherine S. Duncan
Notary Public, residing at Palo Alto, California
My commission expires October 4, 1974
(Seal)

Signed B.E.Stephenson, Asst. Vice Pres.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Crocker National Bank, 250 University Ave
Palo Alto, California 94301
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Santa Clara } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of April, 1973

Catherine S. Duncan
Notary Public, residing at Palo Alto, California
My commission expires October 4, 1974
(Seal)

Signed Laura S. Means
(Signature of Any Credible Person)
341 Sunkist Ln, Los Altos, Ca.
(Street Address, City, State)

FORM DH 60-155 CL 4-6-73

Certificate of Service issued by the Army of the United States gives name as Charles D. Means born August 5, 1912 at Post Falls, Idaho. Date of Relief from Active Duty, November 30, 1945. Date of Entry Feb. 13, 1941
Viewed by V.S.

MAY 18 1973

Occidental Life Ins. Company gives name as Charles David Means born August 5, 1912 in Post Falls, Idaho. Policy # 1292666 issued Sept. 5, 1939. Applied for July 18,1939.
Viewed by V.S.

986-117,028-81X

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls

No. ____, ____ St.

Hospital ____

Registration District No. 17 File No. 8214

Primary Registration District No. 205-1 Registered No. 187

FULL NAME OF CHILD William Emyart Rhodes

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug. 17, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lee Frank Rhodes	Minnie Rose Hampton
RESIDENCE	Post Falls, Idaho	Post Falls, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	19
BIRTHPLACE	Gentry County, Mo.	Nashville, Tenn.
OCCUPATION	Laborer (Saw-Mill)	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Glen J. Tennbrook M.D.

(Physician or Midwife)

Address Post Falls, Idaho

Given names added from a supplemental report

....., 19.....

Filed 9/10 1912 A. D. Brennan

S-Y CO., 16670 Registrar

Registrar

FEB 21 1975

666-118-628-794

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls

No. ____, ____ St.

Hospital ____

Registration District No. 17 File No. 8215

Primary Registration District No. 2051 Registered No. 188

FULL NAME OF CHILD ARTHUR Henry Woody

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	✓	Yes	Aug. 18th, 1912

FATHER		MOTHER	
FULL NAME	Joseph Henry Woody	FULL MAIDEN NAME	Lillian Pearl Pruitt
RESIDENCE	Post Falls, Ida. R.F.D.	RESIDENCE	Post Falls, Ida. R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Clay Center, Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Glen J. Tenbrook M.D.

(Physician or Midwife)

Address Post Falls, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 9/10 1917 D. D. Freeman

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Multnomah } ss.

Certificate No. 8215

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for Henry Woody (Name on Original Certificate) who Born (Was Born or Died) on August 18th., 1912 (Date of Event)

in Post Falls, Idaho Kootnia County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on Dr tinbrook (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Henry Woody	Arthur Henry Woody
Mother of Arthur Heny Woody		

Subscribed and sworn to before me this 26th day of Feb 19 42

Signed Mrs Pearl Woody
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Portland, Oregon

My commission expires Aug 1, 1944 (Seal)

2135 N E Couch St Portland Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Multnomah } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of February 1942

Signed Harry M. Huff Notary Public
(Signature of Any Credible Person Other Than Previous Year)

Harry M. Huff
Notary Public, residing at Portland, Oregon

8071 N.E. 13th Ave Portland, Ore
(Street Address, City, State)

My commission expires MY COMMISSION EXPIRES AUG. 1, 1944 (Seal)

MAR 3 1942

168-23-028-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Kootenai

City of Athol

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 8216

Primary Registration District No. 2051 Registered No. 191

FULL NAME OF CHILD Charlotte Mabel Johnston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Aug. 23. 1912

FATHER		MOTHER	
FULL NAME	Robert D. Johnston	FULL MAIDEN NAME	Mabel E. Williams
RESIDENCE	Tacoma, Wash.	RESIDENCE	Tacoma, Wash.
COLOR	white	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ontario, Can.	COLOR	white
OCCUPATION	Clerk	AGE AT LAST BIRTHDAY (Years)	31
		BIRTHPLACE	Minn.
		OCCUPATION	housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Strong M.D.

(Physician or Midwife)

Address Rathdrum

Given names added from a supplemental report

....., 19.....

Filed 9/10 19 14 D. D. Freeman Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

JAN 1 8 1973

763424102 8-569

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 12 File No. 8217.

Primary Registration District No. 2051 Registered No. 192

FULL NAME OF CHILD ~~Martin Luther~~ Poler Martin Luther Poler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	Aug 24. 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James O. Poler	Mary Northway
RESIDENCE	Rathdrum	Rathdrum
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	42	30
BIRTHPLACE	Minn.	Minn.
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11. 9. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank. Young

Physician

(Physician or Midwife)

Address Rathdrum

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed 9/10 1917 D. D. Freeman

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Form V. S. No. 11-C—10m 8-1-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 8214

Registration District No. 1 0

Primary Registration District No. 2021 Registered No. 102

Hospital

FULL NAME OF CHILD Martin Luther Polar

PLACE OF BIRTH

County of

City of

St.

CERTIFICATE RECORD

Make this card and file number

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of WASHINGTON
County of SPOKANE } ss.

Certificate No. 8217

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Edwin O. Poler (Name on Original Certificate) who born (Was Born or Died) on August 24, 1912 (Date of Event)
in Rathdrum, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Aug 24, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Edwin O. Poler	Martin Luther Poler
~~birthdate~~	Aug. 24 1912	Aug. 24, 1912

Subscribed and sworn to before me this 11th
day of January, 1945

Notary Public, residing at Spokane Wash

My commission expires Sept. 2. 1948
(Seal)

Signed Mrs Mae L. Poler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Mother

E-901 K 31 st. Spokane, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON
County of SPOKANE } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

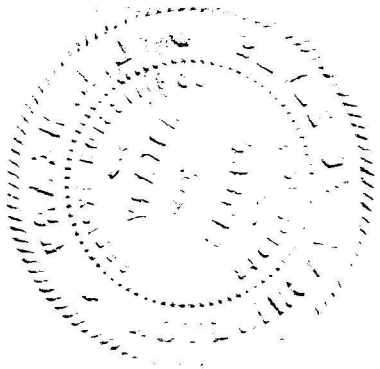
Subscribed and sworn to before me this 11th
day of January, 1945

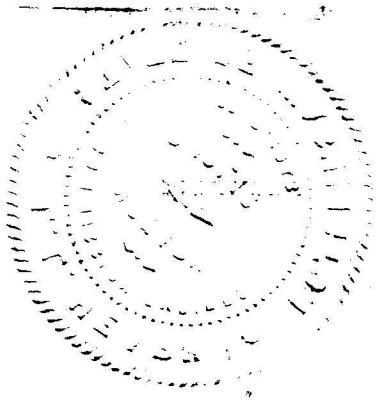
Notary Public, residing at Spokane

My commission expires Sept 2 1948
(Seal)

Signed Mrs Esther A. Stevens
(Signature of Any Credible Person Other Than Previous Year)

2207-W-Olympic, Spokane Wn.
(Street Address, City, State)





JAN 19 1945

363/25-028-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Hirst Lake

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 8218

Primary Registration District No. 2057 Registered No. 193

FULL NAME OF CHILD Eddie L. Roy Collingham

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	Sing	and	yes	Aug 25 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Martin Erwin Collingham	Mabel L. Hellman
RESIDENCE	Hirst Lake	Hirst Lake
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	20
BIRTHPLACE	Illinois	Neb
OCCUPATION	Fireman Mill	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Harrison Moore M.D.

(Physician or midwife)

Address Hirst Lake

Given names added from a supplemental report

..... 19.....

Filed 9/13 19 17 L. D. Freeman

Registrar

S-Y CO. 20174

Registrar

386-227-028-764

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Kootenai

City of Post Falls

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 14 File No. 8219

Primary Registration District No 2051 Registered No. 195

FULL NAME OF CHILD Josephine May Lyon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl				May 27, 1912

FATHER	MOTHER
FULL NAME Leverett V. Lyon	FULL MAIDEN NAME Florence N. Ponroy
RESIDENCE Post Falls	RESIDENCE Post Falls
COLOR White AGE AT LAST BIRTHDAY 54 (Years)	COLOR White AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE St Johns N.B.	BIRTHPLACE Erie Co Pa.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10.15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marian H. Kennedy

Physician (Physician or Midwife)

Address Post Falls

Given names added from a supplemental report

....., 19.....

Registrar

Filed 9/10 19 12 A. D. McLean

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

793-128-028-795

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Lake

No. ____ St.

Registration District No. 14 File No. 8220

Primary Registration District No. 2051 Registered No. 196

Hospital Grindle Hospital

FULL NAME OF CHILD Pitts

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M.	Sing		yes	Aug. 28 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Harry Phillip Pitts	FULL MAIDEN NAME: Rosie Katherine Grun
RESIDENCE: Blanchard, Ida	RESIDENCE: Blanchard, Ida
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 15 (Years)
BIRTHPLACE: New York	BIRTHPLACE: Iowa
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:00 a. M. on the date above stated.

7 - month child.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harris S. Moon M. D.

(Physician or midwife)

Address Post Lake - Ida -

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 8/10 1912 A. D. Drennan Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-202-028-369

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d' Alene

No _____, _____ St.

Registration District No 12 File No. 8221

Hospital _____ Primary Registration District No. 1022 Registered No. 120

FULL NAME OF CHILD Jane Catherine McConnell

Sex of Child: F	Twin, Triplet or other: — and Number in order of birth: 1 (To be answered only in event of plural births)	Legitimate? Yes	Date of birth: 8 (Month) 13 (Day) 1912 (Year)	

FATHER		MOTHER	
FULL NAME	Mark B. McConnell	FULL MAIDEN NAME	Catherine Lloyd
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	S Dak't South Dakota	BIRTHPLACE	Clinton Mo.
OCCUPATION	Forest Ranger	OCCUPATION	None

Number of child of this mother, including present birth _____

Number of children, of this mother, now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Shepherd

Physician

(Physician or Midwife)

Address Coeur d' Alene Idaho

Given names added from a supplemental report

_____, 19____

_____ Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Filed 5/16 1912 John Hunt Shepherd Registrar

H.H. Herman registrar

MAY 7 1942

662-117,028-991

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of C. d'Alene

Registration District No. 12 File No. 8222

No. ....., ... St.

Primary Registration District No. 1103 Registered No. 181

Hospital .....

FULL NAME OF CHILD Olaf Lorentz Formark

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One (To be answered only in event of plural births)	2nd	yes.	Aug 17, 191[illegible]

FATHER	MOTHER
FULL NAME Carl Martin Formark	FULL MAIDEN NAME Ella E Rialson
RESIDENCE Coeur d Alene	RESIDENCE Coeur d Alene
COLOR White AGE AT LAST BIRTHDAY 30 (Years)	COLOR White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Minister	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12-30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden MD

(Physician or Midwife)

Address Coeur d Alene Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug 18 191[illegible] H. L. Sherman Registrar

.....

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

231-112-028-719

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Hayden Lake Registration District No. 12 File No. 8223

No. ....., ... St. Primary Registration District No. 1773 Registered No. 178

Hospital CLARENCE ARTHUR

FULL NAME OF CHILD ~~Baby~~ Stanton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one	✓	yes	Aug 12 ..., 191✓

FATHER	MOTHER
FULL NAME Ernest Clark Stanton	FULL MAIDEN NAME Lola A Parr
RESIDENCE Hayden Lake	RESIDENCE Hayden Lake
COLOR white	AGE AT LAST BIRTHDAY 28 (Years)
	COLOR White
	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Kansas
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) W H Holden

Physician

(Physician or Midwife)

Address Coeur d Alene Idaho

Filed 8/10 19 12 H. H. Hunt Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of MONTANA }
County of YELLOWSTONE } ss.

Certificate No. 8223

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for CLARENCE ARTHOR STANTON. (Name on Original Certificate) who WAS BORN (Was Born or Died) on AUGUST 12 - 1912 (Date of Event)
in HAYDEN LAKE IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by PENN MUTUAL LIFE. POLICY #1355223 (Bible Record, Insurance Policy, Etc.) prepared on JULY - 26 - 1928 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Clarence Arthur Stanton

Subscribed and sworn to before me this 6
day of July, 19 42

Notary Public, residing at Worden
My commission expires February 27-1944
(Seal)

Signed Ernest C Stanton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Worden Montana
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana }
County of Yellowstone } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6
day of July, 19 42

Notary Public, residing at Worden
My commission expires February 27th 1944
(Seal)

Signed Lola Adelia Parr Stanton
(Signature of Any Credible Person Other Than Previous Year)

Worden Montana
(Street Address, City, State)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

JUL 11 1942

437-123-028554

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ____, ____ St.

Registration District No. 12 File No. 8224

Primary Registration District No. 1013 Registered No. 179

Hospital ____

FULL NAME OF CHILD [redacted] Edgar McGregor

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one	one	yes	Aug. 23, 191[illegible]

FATHER	MOTHER
FULL NAME: Robert R McGregor	FULL MAIDEN NAME: Isabella Vedder
RESIDENCE: Done Wash	RESIDENCE: Done Wash
COLOR: White — AGE AT LAST BIRTHDAY: 22 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: Wisconsin
OCCUPATION: Teamster	OCCUPATION: Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Holden

Physician

(Physician or Midwife)

Address Coeur d'Alene Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed [illegible] 191[illegible] M. L. Freeman
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

7-17-41

867416-028-913

PLACE OF BIRTH

County of Kootenai

City of C. d'Alene

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 12 File No. 8225

Primary Registration District No. 1103 Registered No. 180

FULL NAME OF CHILD Baby Hoglund CARL OLAF HOGLUND

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one	2nd	yes	Aug. [illegible], 1912

FATHER	MOTHER
FULL NAME Ole Hoglund	FULL MAIDEN NAME Hulda Jacobsson
RESIDENCE Coeur d Alene	RESIDENCE Coeur d Alene
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 2[illegible] (Years)
BIRTHPLACE Sweden	BIRTHPLACE Minnesota
OCCUPATION Saw Filer	OCCUPATION Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated, at 4:00 a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W J Holden

Physician

(Physician or Midwife)

Address Coeur d Alene Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 5/10 1912 W. H. Hunman Registrar

S-Y CO. 16570

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

8225

PLACE OF BIRTH

County of Kootenai

City of Coeur

No.

Hospital

Sex of Child

FULL NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Minn } ss.
County of St. Louis }

Certificate No. 8225

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for (Unnamed) Carl Olaf Hoglund (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Aug. 16, 1912 (DATE OF EVENT)
in Coeur D'Alene, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Prudential Insurance Policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on August 29, 1938 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Hoglund	Carl Olaf Hoglund
Name	Unnamed Hoglund	Carl Olaf Hoglund

Subscribed and sworn to before me this 2nd day of February, 19 42

L. E. Gullekson
Notary Public, residing at Virginia Minn
My commission expires 11/26/43

Signed Ole Hoglund (Father)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Parkville, Minn
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Minn } ss.
County of St. Louis }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of February, 19 42

L. E. Gullekson
Notary Public, residing at Virginia Minn
My commission expires 11/26/43
(SEAL)

Signed G. Gullestad
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
5173 6th St. Virginia Minn
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

238-23-028-359

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No ....., ... St.

Hospital .....

Registration District No. 17 File No. 8226

Primary Registration District No. 1003 Registered No. 190

FULL NAME OF CHILD Eugenia Eleanor Schick

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
F.	(To be answered only in event of plural births)	9	Yes	8 (Month) 13 (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Edwin Schick	Elizabeth Jensen
RESIDENCE	Coeur d' Alene	Coeur d' Alene
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	35
BIRTHPLACE	Germany	Germany
OCCUPATION	Cigar Maker	Hse.

Number of child of this mother, including present birth ..... 9 .....

Number of children, of this mother, now living, including present birth ... 6 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Hunt Shepherd

(Physician or Midwife)

Address Coeur d' Alene Idaho

Given names added from a supplemental report

....., 19.....

Filed 9/10 19 17 John Hunt Shepherd sub —Registrar

L D Brennan

.....

Registrar

BYMS - YORK CO., PTRS. & BDRS. 17326

K

STATE OF IDAHO

PLACE OF BIRTH

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

PLACE OF BIRTH 24-216028-618

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Kootenai

City of Desmet-Mission Registration District No. 218 File No. 8227

No. ____, ____ St. Primary Registration District No. 2118 Registered No. 184

Hospital ____

FULL NAME OF CHILD Margaret Swan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	May 16, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Patrick Swan	Agilda Josephine Fahrni
RESIDENCE	Reservation	Reservation
COLOR / AGE AT LAST BIRTHDAY (Years)	Half Blood Indian	Half Blood Indian
BIRTHPLACE	Blackfoot-Reservation	Blackfoot-Reservation
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mona (Physician or Midwife)

Address ____

Given names added from a supplemental report

May 16, 1912

Wm. J. Kingler Registrar

Filed Sept. 10, 1912

D. Sheehan Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 1 1964

381-204-028-276

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Desmet-Mission Registration District No. 2118 File No. 8228

No. ____, ____ St. Primary Registration District No. 2118 Registered No. 183

Hospital ____

FULL NAME OF CHILD Lucian Cherapkan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female			yes	July 4 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Charles Cherapkan	FULL MAIDEN NAME	Mary (Spokane)
RESIDENCE	Reservation	RESIDENCE	Reservation
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Kenoyan	BIRTHPLACE	Spokane Co.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Lacaard M.D. (Physician or Midwife)

Address ____

Given names added from a supplemental report

July 14 1912

Mark J. Kenoyer Registrar

Filed 9/10 1912 W. S. Freeman Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

742-131-028-789

PLACE OF BIRTH

[redacted]

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Deary Division Registration District No. 2118-12 File No. 8229

No. ____, ____ St. Primary Registration District No. 2118 Registered No. 184

Hospital ____

FULL NAME OF CHILD Ignatius Peter Kinsbergen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 31, 1912

FATHER		MOTHER	
FULL NAME	Amasa Kinsbergen	FULL MAIDEN NAME	Mary Philip
RESIDENCE	Reservation	RESIDENCE	Reservation
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)	19	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Reservation	BIRTHPLACE	Reservation
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Callard M.D.

(Physician or Midwife)

Given names added from a supplemental report

Address ____

Filed 9/10 1912

Mary J. Kanzler Asst. Registrar

S-Y CO., 16670

D. D. Greene Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

763 / 15 / 028-493

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Dearmond-Mission Registration District No. 2118 / 14 File No. 8230

No. ____, ____ St. Primary Registration District No. 2118 Registered No. 186

Hospital ____

FULL NAME OF CHILD Ignace Bolton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Dec 25, 1912

FATHER		MOTHER	
FULL NAME	Joseph Bolton	FULL MAIDEN NAME	Agatha Michel
RESIDENCE	Reservation	RESIDENCE	Reservation
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Reservation	BIRTHPLACE	Reservation
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ____

None (Physician or Midwife)

Given names added from a supplemental report

Dec 31, 1912 Address ____

Filed 9/10 1917 D. D. Freeman Registrar

Mrs. E. Lawler Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

135-118-028-365

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon-Mission Registration District No. 2-118-12 File No. 8231

No. ____, ____ St. Primary Registration District No. 2068 Registered No. 189

Hospital ____

FULL NAME OF CHILD Edmond Alexis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 16, 1912

FATHER		MOTHER	
FULL NAME	Alphonse Alexis	FULL MAIDEN NAME	Helen Camille
RESIDENCE	Reservation	RESIDENCE	Reservation
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Reservation	BIRTHPLACE	Reservation
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] (Physician or Midwife)

Address ____

Given names added from a supplemental report

Sept 2, 1912 [signature] Registrar

Filed 9/10 1912 [signature] Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

229-225-028-751

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Dearmont Mission Registration District No. 2162 File No. 8232

No. ____, ____ St. Primary Registration District No. 2118 Registered No. 1929

Hospital ____

FULL NAME OF CHILD Helen Skeman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Aug 25 1912

FATHER		MOTHER	
FULL NAME	Joseph Skeman	FULL MAIDEN NAME	Annie Pond
RESIDENCE	Reservation.	RESIDENCE	Reservation
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	about 20 (Years)
BIRTHPLACE	Reservation	BIRTHPLACE	Reservation
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at ____ M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ____

(Physician or Midwife)

Address ____

Given names added from a supplemental report

Sept 2, 1912

Filed 9/10 1912 D. D. Skeman Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

COLOR

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

168-106-028-154

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Rose Lake — Registration District No. 12 — File No. 8233

No. ____, ____ St. — Primary Registration District No. 2-118 — Registered No. 162

Hospital Residence

FULL NAME OF CHILD Not named

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Single (To be answered only in event of plural births)	7th	yes	Aug. 6, 1912

FATHER	MOTHER
FULL NAME Alf Johnson	FULL MAIDEN NAME Lena Anderson
RESIDENCE Rose Lake Idaho	RESIDENCE Rose Lake Idaho
COLOR White — AGE AT LAST BIRTHDAY 37 (Years)	COLOR White — AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Sweden
OCCUPATION Lumber Piling Contractor	OCCUPATION Housewife

Number of child of this mother, including present birth 7th

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Worthington

Physician (Physician or Midwife)

Address Rose Lake Idaho

Given names added from a supplemental report

....., 19.....

Filed 8/16 1912 H. H. Hansen Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

469-215-028-493

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Registration District No. 12 File No. 8234

No. ....., ... St.

Primary Registration District No. 2118 Registered No. 164

Hospital .....

FULL NAME OF CHILD not named

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	Single	4	yes	Aug 15, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. C. Morbeck	Bessie C Dickey
RESIDENCE	Cataldo Ida	Cataldo Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	33
BIRTHPLACE	Portland Oregon	Wis
OCCUPATION	Merchant	Housekeeper

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:20 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Huntington

Physician

(Physician or Midwife)

Address Rose Lake Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 8/10 1912 H. L. [illegible]

Registrar

B-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

753218-028-242.

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of St Joe

Registration District No. 12 File No. 8235

No. ....., ... St.

Primary Registration District No. 2049 Registered No. 165

Hospital .....

FULL NAME OF CHILD ~~xxxxxxxxxxxxxxx~~ Peterson Mildred Edna Peterson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	1	Yes	8/18 1912

FATHER		MOTHER	
FULL NAME	Henry Emil Peterson	FULL MAIDEN NAME	Helen Mabel Buswell
RESIDENCE	St Joe	RESIDENCE	St Joe
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kopenhagen Denmark	BIRTHPLACE	Conde S D
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 12:20 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lindsay M.D.

(Physician or Midwife)

Address St Joe Idaho

Given names added from a supplemental report

....., 19.....

Filed 8/10 1912 H. H. Hermanson

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 2 9 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Spokane } ss.

Certificate No. 8235

Date Filed 9/10/12

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Grace Mildred Peterson (Name on Original Certificate) who was born (Was Born or Died) on August 18, 1912 (Date of Event)
in St. Joe, Kootenai Co., Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by personal knowledge & school records (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Gracie	Mildred Edna Peterson

Subscribed and sworn to before me this 15th
day of December, 1944
Notary Public, residing at Spokane, Wn.
My commission expires June 29, 1947
(Seal)

Signed Henry E Peterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
E. 3207 - 29th Ave., Spokane, Wn.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Spokane } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th
day of December, 1944
Notary Public, residing at Spokane, Wn.
My commission expires June 29, 1947
(Seal)

Signed Florence B. Jordan
(Signature of Any Credible Person Other Than Previous Year)
616 S Harrison St. Moscow Idaho
(Street Address, City, State)

JAN 2 1946

285-210-028953

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. ____, ____ St.

Hospital ____

Registration District No. 12 File No. 8236

Primary Registration District No. 2049 Registered No. 163

FULL NAME OF CHILD Leslie Walter Sheldon

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	Yes	Aug. 10, 1912

FATHER		MOTHER	
FULL NAME	Cecil J. Sheldon	FULL MAIDEN NAME	Pearl G Ruckle
RESIDENCE	Harrison, Idaho.	RESIDENCE	Harrison Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	South Dakota	COLOR	White
OCCUPATION	Laborer.	AGE AT LAST BIRTHDAY (Years)	24
		BIRTHPLACE	S. D.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Aug 10th 1912 at 3 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M Kinney

Physician

(Physician or Midwife)

Address Harrison Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 8/10 1912 A H Yeuman

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

MAR 16 1942

631-105 : 028-264

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Ferrell

Registration District No. 12 File No. 8237

No. ____, ____ St.

Primary Registration District No. 2049 Registered No. 161

Hospital ____

FULL NAME OF CHILD Elmer Adrian O'Callahan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	2	Yes	Aug 6th, 1912

	FATHER	MOTHER
FULL NAME	Elmer Adrian O'Callahan	Margaret Malinda Boudin
RESIDENCE	Ferrell Idaho	Ferrell Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	24
BIRTHPLACE	Ida	Ida
OCCUPATION	Forest Ranger	Housewife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1.30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Lyday M.D.

Physician (Physician or Midwife)

Address Ferrell Ida.

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 5/10 1912 H. H. Hartman Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-59-107.002-0182

[redacted] BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County [redacted]lames

City of Fruitvale

No. ..... St.

Hospital .....

Registration District No. 4 File No. 8238

Primary Registration District No. 20,1 Registered No. 47

FULL NAME OF CHILD William David

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)		—	yes	6 — 7 — 191[illegible]

FATHER		MOTHER	
FULL NAME	David Runsow	FULL MAIDEN NAME	Maude Dykes
RESIDENCE	Fruitvale	RESIDENCE	Fruitvale
COLOR	Whi.	COLOR	Whi.
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) David Runsow

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed 9—19— 19 12 Frank E. Brown

S-Y CO. 20174

Registrar

Registrar

Form V.S. No. 11-C-20m-2-15-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

219.204.002 281

PLACE OF BIRTH

County of Adams

City of Middle Fork

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 8239

Primary Registration District No. 2011 Registered No. 37

FULL NAME OF CHILD Mattie Marie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	6 - 4 - 1912

FATHER		MOTHER	
FULL NAME	Chas A Barbour	FULL MAIDEN NAME	Minnie Shaw
RESIDENCE	Middle Fork	RESIDENCE	Middle Fork
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Mo	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Hsw

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 30a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E Brown

(Physician ~~or midwife~~)

Address Council

Given names added from a supplemental report

..... 19.....

Filed 6-5- 19 12 Frank E Brown

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 7 1959

249-107-002-755

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

Registration District No. 4 File No. 8240

Primary Registration District No. 2011 Registered No. 38

FULL NAME OF CHILD Marion Clarence Smith

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Ml	—	—	Yes	6 — 3 — 191—

FATHER		MOTHER	
FULL NAME	Frank Smith	FULL MAIDEN NAME	Nellie Peebles
RESIDENCE	Council	RESIDENCE	Council
COLOR	Wh	COLOR	Whe
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mo	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Smith

Farmer (Physician or midwife)

Address Council

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7—2 19 12 Frank E Brown Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 2 1972

AUG 26 1952

769-112-002-493

PLACE OF BIRTH

C—15m-6-20-11

CERTIFICATE OF BIRTH

County of Adams

City of Landore

Registration District No. ____ File No. 8241

No. ____, ____ St.

Primary Registration District No. ____ Registered No. 39

Hospital ____

FULL NAME OF CHILD Charles Eugene Porter

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 12, 1912

FATHER		MOTHER	
FULL NAME	Charles Porter	FULL MAIDEN NAME	Jessie E. Millard
RESIDENCE	Cuprum	RESIDENCE	Cuprum
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Paris, France (English)	COLOR	White
OCCUPATION	Miner	AGE AT LAST BIRTHDAY (Years)	29
		BIRTHPLACE	Lake Mills - Wis
		OCCUPATION	Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Brown M.D.

(Physician or Midwife)

Address Landore Idaho

Given names added from a supplemental report

....., 19.....

Filed 8-1 1912 Frank E. Brown

S-Y CO., 16670

Registrar

Registrar

259-108-002-238

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C Revised 11-12

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. ____ St.

Hospital Clarence

Registration District No. 4 File No. 8242

Primary Registration District No. 2011 Registered No. 401

FULL NAME OF CHILD Clarence Harvey Phillips

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	6 — 8 — 1913

FATHER	MOTHER
FULL NAME Clarence Phillips	FULL MAIDEN NAME Pearl Schoonover
RESIDENCE Council	RESIDENCE Council
COLOR Wht	AGE AT LAST BIRTHDAY 31 (Years)
COLOR Wht	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Boise	BIRTHPLACE Boise
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Father

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 9 — 1 — 1912 Parker Brown

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1942

3/24/ 41 Z.J.

25-231-002-453

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

S. No.

CERTIFICATE OF BIRTH

County of Adams

City of Judson Valley

Registration District No. 4

File No. 8243

No. ____, ____ St.

Primary Registration District No. 3011

Registered No. 42

Hospital ____

FULL NAME OF CHILD Florence Matilda Snow

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.		2	Yes	July 31, 1912

FATHER		MOTHER	
FULL NAME	Ellis Snow.	FULL MAIDEN NAME	Nellie Meehan.
RESIDENCE	Judson Valley	RESIDENCE	Judson Valley.
COLOR	White	AGE AT LAST BIRTHDAY	29 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Judson Valley Idaho	BIRTHPLACE	Nebraska.
OCCUPATION	Forest service	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmutz. MD

(Physician or Midwife)

Address Carmbndge Ida.

Given names added from a supplemental report

....., 19.....

Filed 8-10 1912 Frank L Brown

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

28/-231-002-259

PLACE OF BIRTH

County of Adams Co

City of Council

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-2-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 8244

Primary Registration District No. 20 11 Registered No. 43

FULL NAME OF CHILD Gladys Aleta Shaw

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			Yes	July 31 1912

FATHER		MOTHER	
FULL NAME	George Shaw	FULL MAIDEN NAME	Sarah Stirling
RESIDENCE	Middle fork	RESIDENCE	Council
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY	55 (Years)	AGE AT LAST BIRTHDAY	46 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 12. Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated., at 3 30 P.M.

(Signature) Geo Shaw

(Physician or midwife)

Address _____

Filed 9-1- 19 12 Bartle & Brown Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____ 19____

_____ Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 5 1963

753.101.002-355

PLACE OF BIRTH

County of Adams

City of Judean Valley

No. ____, ____ St.

Hospital ____

FULL NAME OF CHILD Arthur Petterson

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 8245

Primary Registration District No. 22? Registered No. 36

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		1	Yes.	June 1, 191?

FATHER		MOTHER	
FULL NAME	Fred Terrell.	FULL MAIDEN NAME	Jennie Leeper.
RESIDENCE	Judean Valley	RESIDENCE	Judean Valley.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Norway.	BIRTHPLACE	Scotland
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) C E Schuntz M.D.

(Physician or Midwife)

Address Cambridge Idaho

Filed 7-2- 19?? Frank E Bryan
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Z name

DUP OF 12-306120

314-23-002-619

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. ____ St.

Hospital ____

Registration District No. 4

Primary Registration District No. 2011

File No. 8246

Registered No. ____

FULL NAME OF CHILD Amos Camp

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	5 — 23 — 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Camp	Mary Nunn
RESIDENCE	Council	Council
COLOR	White	Wht
AGE AT LAST BIRTHDAY (Years)	42	39
BIRTHPLACE	Kan	Utah
OCCUPATION	Farmer	Hwf

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Camp

(Physician or midwife)

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

Filed 4-14 19 12 Frank E. Brown Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-105-002-866

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Jamarack

Registration District No. 4

File No. 8247

No. ..... St.

Primary Registration District No. 2012

Registered No. 44

Hospital .....

FULL NAME OF CHILD Clyde Gilbert Larson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 5 1912

	FATHER	MOTHER
FULL NAME	John David Larson	Ruth Charlotte Hawes
RESIDENCE	Jamarack	Jamarack
COLOR	Wht	Wht
AGE AT LAST BIRTHDAY (Years)	24	[illegible]
BIRTHPLACE	Logan Utah.	La Grande Ore.
OCCUPATION	Lumberman	H W f.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11-a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E Brown

(Physician or ~~midwife~~)

Address Council

Given names added from a supplemental report

..... 19.....

Filed 8-5- 19 12 Frank C Brown

..... Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 3 1955

695-112-002-793

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Adams

City of Judevin Valley Registration District No. 4 File No. 8248

No. ____, ____ St. Primary Registration District No. 2011 Registered No. 45

Hospital ____

FULL NAME OF CHILD Clyde Jacob Wiley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 12, 1912

FATHER		MOTHER	
FULL NAME	George E Wiley	FULL MAIDEN NAME	Edna C [redacted] Pitzer
RESIDENCE	Judevin Valley	RESIDENCE	Judevin Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Colorado
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmutz M.D. (Physician or Midwife)

Address Cambridge Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Aug 31 1912 Frank E Brown Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 10 1962

154-118-002 843

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Adams

City of Indian Valley

No. ____, ____ St.

Hospital ____

Registration District No. 4 File No. 8249

Primary Registration District No. 2011 Registered No. 46

FULL NAME OF CHILD AMOS JEFF ANDERSON

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 18, 1912

FATHER		MOTHER	
FULL NAME	Amos J Anderson	FULL MAIDEN NAME	Ray Hutchings
RESIDENCE	Indian Valley	RESIDENCE	Indian Valley
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Idaho	COLOR	White
OCCUPATION	Rancher	AGE AT LAST BIRTHDAY (Years)	27
		BIRTHPLACE	Idaho
		OCCUPATION	House wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A.M. on the date above stated.

(Signature) C E Schmitz M.D.

(Physician or Midwife)

Address Cambridge Ida.

Filed 9-1- 1912 Frank C Brown Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

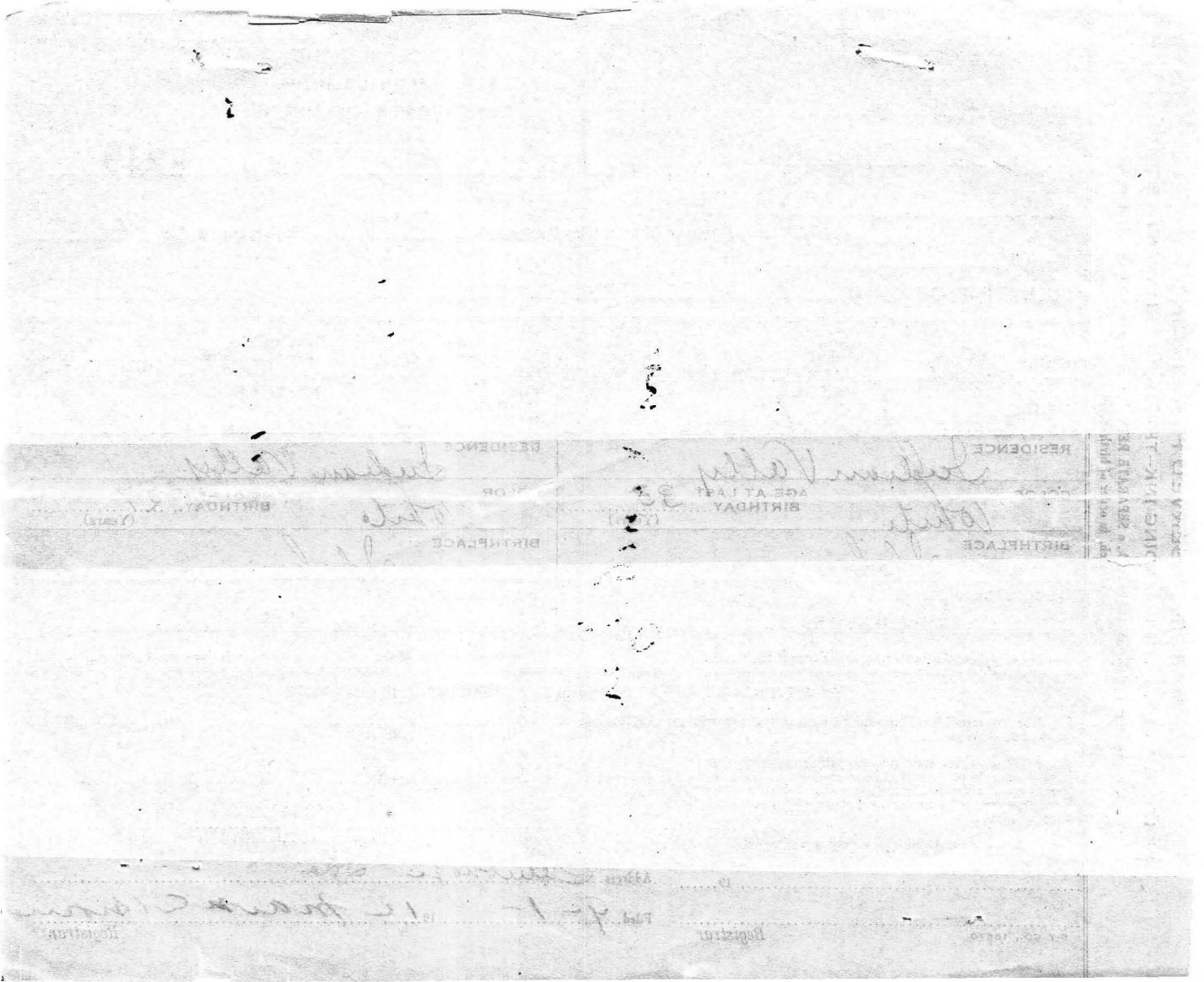
..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 16 11 31 AM '77

Affidavit to Correct or Amend Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 8249

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Anderson (Name on Original Certificate) who was born (Was Born or Died) on August 18, 1912 (Date of Event)

in Indian Valley (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Amos Jeff Anderson

Subscribed and sworn to before me this 3rd day of May, 19 77

Notary Public, residing at Boise Idaho

My commission expires Sept 29, 1979

(Seal)

Signed Amos J Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1801 Gowen St
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of May, 19 77

Notary Public, residing at Boise Idaho

My commission expires Sept 29, 1979

(Seal)

Signed Laura Anderson Moody
(Signature of Any Credible Person)

1216 No 20th St
Boise Idaho
(Street Address, City, State)

Social Security Card gives name as Amos Jeff Anderson, Jr.. # 518 07 9478
Card issued December 24, 1936.
Viewed by V.S.

Own childs birth certificate on file with Idaho V.S. gives name as
Amos Jeff Anderson, Child born Feb. 25, 1951 in Boise, Idaho. Certificate
50=1383.
Viewed by V.S.

415-11-386

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of

City of Burley

Registration District No. 25 File No. 8250

No. canyon St.

Primary Registration District No. 2109 Registered No.

Hospital

FULL NAME OF CHILD Ariel Augustus Daniel

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 15, 1912

FATHER	MOTHER
FULL NAME Lewis Ernest Daniel	FULL MAIDEN NAME Cora Thompson
RESIDENCE Burley	RESIDENCE Burley
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Canada.	BIRTHPLACE Minnesota
OCCUPATION Miner	OCCUPATION House Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Alexander Lairs M. D.
(Physician or Midwife)

Address Burley Shoshone Co Idaho

Filed Aug 21 19 12 W. H. Hawkins Deltman
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OF BIRTH

463-226 to 230-594

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ....., ... St.

Hospital .....

Registration District No. 75 File No. 8251

Primary Registration District No. 2108 Registered No. .....

FULL NAME OF CHILD James H Dockett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Aug 16, 1912

FATHER		MOTHER	
FULL NAME	James H Dockett	FULL MAIDEN NAME	Lilli Kimball
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Mich
OCCUPATION	Motorman	OCCUPATION	HW

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James H Bean

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Sept 2 19 12

S-Y CO., 16670

Registrar

Registrar

RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	

396 225 040-845

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Mullan

Registration District No. 5

File No. 8252

No. ____, ____ St.

Primary Registration District No. 2105

Registered No. ____

Hospital ____

FULL NAME OF CHILD Mabel Thelma Troyer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug 25, 1912

FATHER		MOTHER	
FULL NAME	Louis W Troyer	FULL MAIDEN NAME	Stella Fraser
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Mo	BIRTHPLACE	Ida
OCCUPATION	Miner	OCCUPATION	Hse

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Dean

Physician

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Aug 27 19 12 ____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

DEC 31 1941

215.125.040-119

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Shoshone

City of Enaville

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 25 File No. 8253

Primary Registration District No. 204 Registered No. .....

FULL NAME OF CHILD John Sanderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	2	2	Yes	Aug 25 1912

FATHER	MOTHER
FULL NAME Martel Sanderson	FULL MAIDEN NAME Selma Kaisma
RESIDENCE Enaville	RESIDENCE Enaville
COLOR W AGE AT LAST BIRTHDAY 31 (Years)	COLOR W AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Finland	BIRTHPLACE Finland
OCCUPATION Farmer	OCCUPATION House Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1. P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. P. Mason

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

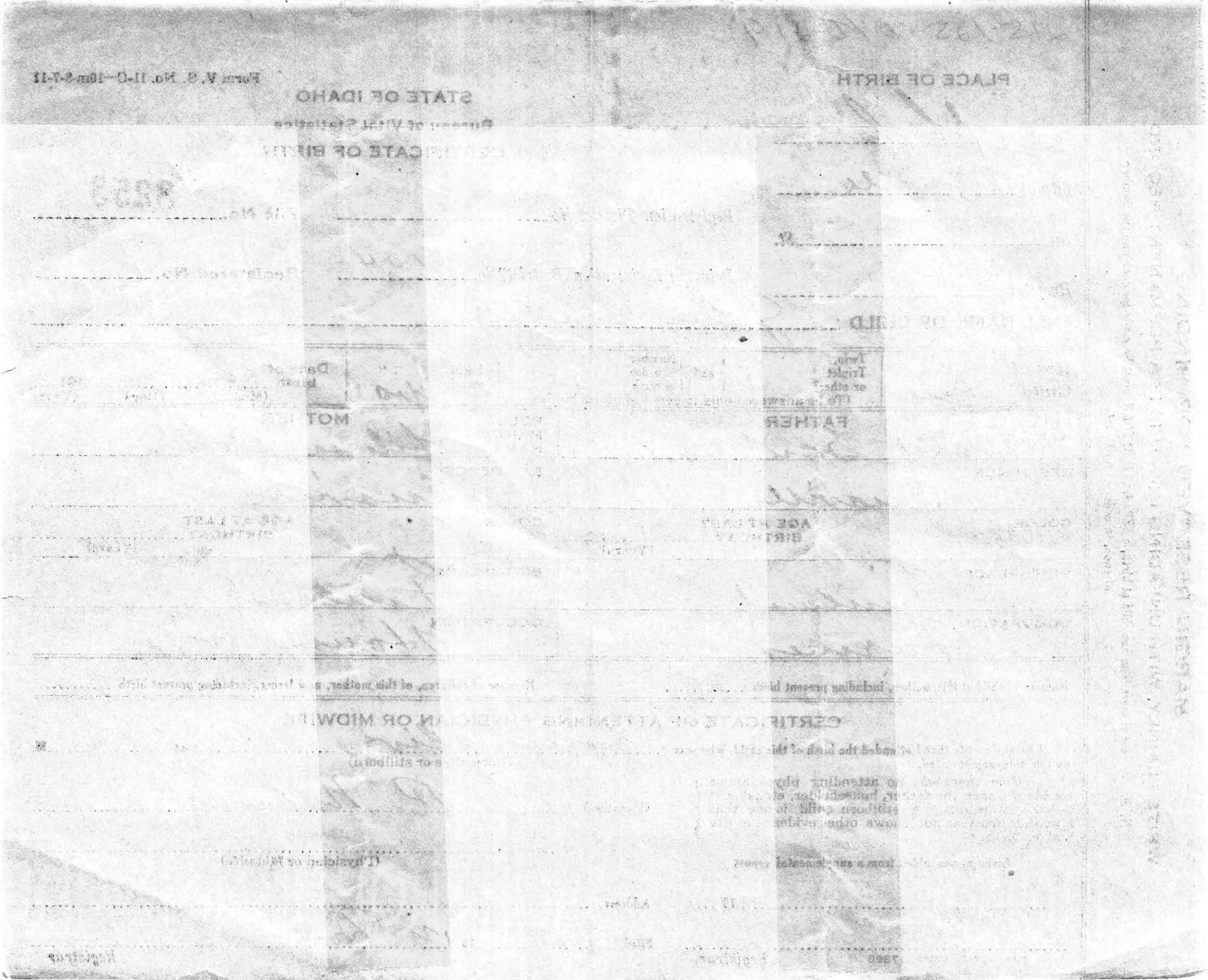
Address .....

Filed Sept 10 19 12 Dr. Chas. C. Hellman

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

Registrar



Amended 6-1-60

PLACE OF BIRTH

649-13-040-362

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 8254

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Gerald Raymond Furnish

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	July 13, [redacted] 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Archie Furnish	FULL MAIDEN NAME: Bertha Tokle
RESIDENCE: Kellogg, Ida.	RESIDENCE: Kellogg, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Washington	BIRTHPLACE: Norway
OCCUPATION: Miner	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

Physician
(Physician or midwife)

Address .....

Give names added from a supplemental report.

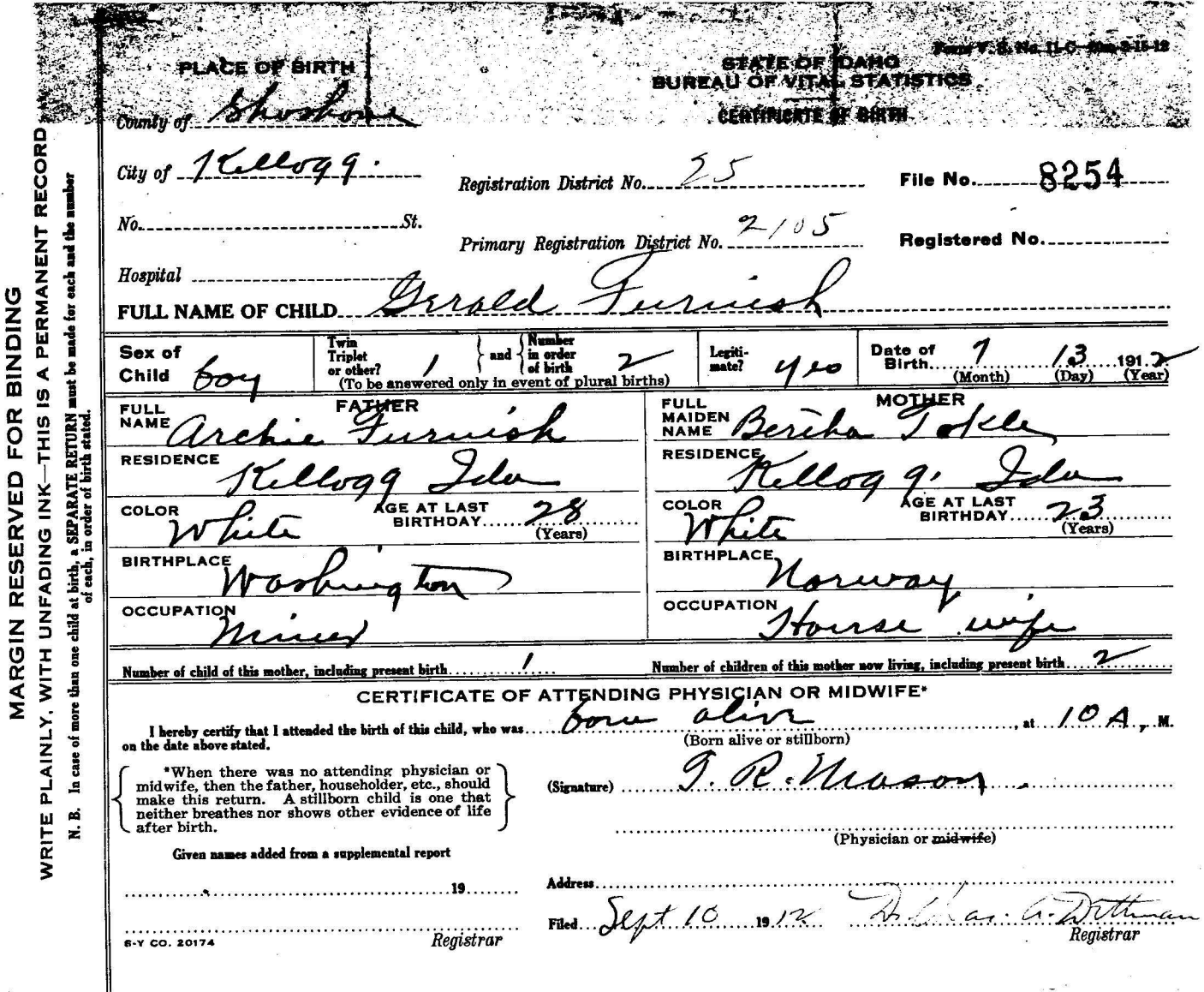
....., 192.....

..... Registrar.

Filed Sept. 10, [redacted] 1912 Dr. Chas. A. Dettman
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



PLACE OF BIRTH

County of Shoshone

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 8-15-12

City of Kellogg. Registration District No. 55 File No. 8254

No. St. Primary Registration District No. 2105 Registered No.

Hospital

FULL NAME OF CHILD Gerald Furnish

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	1	2	yes	1 13 191 2

FATHER		MOTHER	
FULL NAME	Archie Furnish	FULL MAIDEN NAME	Bertha Tolle
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Washington	BIRTHPLACE	Norway
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or ~~midwife~~)

Address

Given names added from a supplemental report

....., 19.....

Filed Sept 10 19 13 Thomas A. Hitchman

Registrar

.....
Registrar

6-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-18-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Nez Perce }

Certificate No. 8254

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Gerald Furnish (Name on Original Certificate) who born (Was Born or Died) on July 13, 1912 (Date of Event) in Kellogg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Gerald Furnish	Gerald Raymond Furnish

Subscribed and sworn to before me this 30th day of March, 1960

[signature]
Notary Public, residing at Lewiston
My commission expires 12-22-62
(Seal)

Signed Ursula Marion Furnish (mother) ×
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

325-12 Street Lewiston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of March, 1960

[signature]
Notary Public, residing at
My commission expires 12-22-62
(Seal)

Signed Bertha Lenora Furnish ×
(Signature of Any Credible Person)

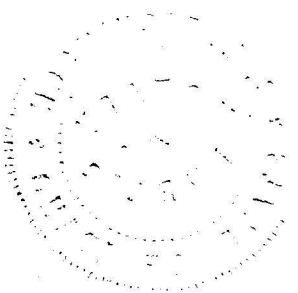
325 12th Lewiston Idaho
(Street Address, City, State)

FORM DPH 55.155 CL 1-28-60. nm

State of Washington, Marriage Certificate, July 15, 1935 gives full name of groom as Gerald Raymond Furnish and full name of bride as Svea Increed Johnson - viewed by V.S.

Order to Credit Longevity Pay To - U.S. Receiving Station, Puget Sound Navy Yard, Bremerton, Washington, 2/2/38 gives full name as Gerald Raymond Furnish, service no. 393 12 69 - rating W.T.2c - viewed by V.S. order has been signed by J.J. London, Captain, USN

Own Child's Birth Certificate on file, #290867 gives full name of father as Gerald Raymond Furnish - viewed by V.S.



314225-040-857

PLACE OF BIRTH

Form V. S. No. 11-C-Rev. 6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No. 25 File No. 8255

No. St.

Primary Registration District No. 2105 Registered No.

Hospital

FULL NAME OF CHILD Ethel Marie Lambert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	1	2	yes	7 25 1912

FATHER	MOTHER
FULL NAME William J. Lambert	FULL MAIDEN NAME Emma A. Hearing
RESIDENCE Kellogg. Idaho	RESIDENCE Kellogg. Idaho
COLOR White	AGE AT LAST BIRTHDAY (Years) 38
COLOR White	AGE AT LAST BIRTHDAY (Years) 31
BIRTHPLACE Ida.	BIRTHPLACE Oregon
OCCUPATION Mill Man	OCCUPATION House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed Sept 10 1912 Wm. Chas. A. Whitman Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-0—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

168-106-040718

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ....., ... St.

Hospital Wardner

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 8256

Primary Registration District No. 2105 Registered No. [redacted]

FULL NAME OF CHILD Lawrence ~~Benjamin~~ Johnson

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes.	Aug 6, 191[illegible]

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alexander Johnson	FULL MAIDEN NAME	Emma Jagnor
RESIDENCE	Kellogg Ida.	RESIDENCE	Kellogg Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Germany
OCCUPATION	Miner	OCCUPATION	House-wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex D. McCracken M.D

(Physician or Midwife)

Address Kellogg Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 15 1912 Wm. A. Dethman

Registrar

S-Y CO., 16670

485-115-040-215

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with unfading ink—this is a permanent record

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital Wardner

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 8257

Primary Registration District No. 2105 Registered No. [redacted]

FULL NAME OF CHILD Joseph Amfad Myer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Aug 15 1912

FATHER		MOTHER	
FULL NAME	Joseph Alex. Myer.	FULL MAIDEN NAME	Cecilia Kangery
RESIDENCE	Kellogg, Ida	RESIDENCE	Kellogg Ida.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Austro-Hungary
OCCUPATION	Miner.	OCCUPATION	House-wife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 30 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. N. McCracken M.D.

Physician
(Physician or midwife)

Address Kellogg, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 28 19 17 [illegible] Registrar

8-Y CO. 20174

SEP 7 1976

PLACE OF BI[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bin[illegible]

City of Shelley

No. ____, ____ St.

Hospital ____

Registration District No. 33 File No. 8258

Primary Registration District No. 2152 Registered No. 33

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Aug 17, 192[illegible]

FATHER	MOTHER
FULL NAME: James P. Ahlstrom	FULL MAIDEN NAME: E. M. Ahlstrom
RESIDENCE: Shelley	RESIDENCE: Shelley
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 50 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housekeeper

Number of child of this mother, including present birth: 8

Number of children, of this mother, now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated, at 2:30 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye

midwife (Physician or Midwife)

Address Shelley Idaho

Given names added from a supplemental report

....., 19.....

Filed 9—1—192[illegible] Edwin Cutler M.D.

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted] Name added 1-30-87 lh For [redacted] C-15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ____, ____ St.

Hospital ____

Registration District No. 33 File No. 8259

Primary Registration District No. 2152 Registered No. 52

FULL NAME OF CHILD Beth Snow

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	twin	first female	yes	Aug 31, 1912

FATHER		MOTHER	
FULL NAME	W. H. Snow	FULL MAIDEN NAME	Lydia A. Coalby
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 14

Number of children, of this mother, now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rapplye

Midwife (Physician or Midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 9 — 1 — 19 12 Edwin Cutler M.D. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1-23-87

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 28 9 14 AM '87

State of _____ } ss.
County of _____ }

Certificate No. 82
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed female (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug. 31, 1912 (Date of Event)
in Shelley, Bingham Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Full name of child	unnamed	Beth Snow
TWIN # 1		

Subscribed and sworn to before me this 26th day of
JANUARY, 1987.
Notary Public, Diane Rouse
Residing at Placer County, CALIFORNIA
My commission expires Nov 9, 1990
(Seal)

Lonnie Tadella
Signature of Applicant
920 Main St. Lodella Ca.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary XX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

JAN 30 198?

Marriage license - State of Idaho, Bonneville Co. #112466 gives name of bride as Beth Snow married to Martin Gillies on Dec. 31, 1934.
Viewed by V.S.

Insurance Polciy - Business Men's Assurance Co. of America #L 551046 lists as first beneficiary Beth S. Gillies wife of insured Martin Jesse Gillies.
Policy date Oct. 8, 1952.
Viewed by VS

GENERAL ACKNOWLEDGMENT

NO. 201

State of CALIFORNIA
County of PLACER } SS.

On this the 26 day of JANUARY 1987, before me,

DIANE ROUSE,

the undersigned Notary Public, personally appeared

Bonnie PADILLA,

☐ personally known to me

☑ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is subscribed to the within instrument, and acknowledged that She executed it.

WITNESS my hand and official seal.

Diane Rouse

Notary's Signature

NATIONAL NOTARY ASSOCIATION • 23012 Ventura Blvd. • P.O. Box 4625 • Woodland Hills, CA 91364

DIANE BORDE

256-231006-361

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ____ St.

Hospital ____

STATE OF UTAH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 33 File No. 8260

Primary Registration District No. 2152 Registered No. 71

FULL NAME OF CHILD ____

Sex of Child: F

Twin, Triplet or other? Twin and Number in order of birth 2nd (To be answered only in event of plural births)

Legitimate? yes

Date of Birth: Aug. 31 (Month) (Day) 1912 (Year)

FATHER

FULL NAME: W. H. Swan

RESIDENCE: Shelley

COLOR: White

AGE AT LAST BIRTHDAY: 42 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Lydia Coalby

RESIDENCE: Shelley

COLOR: White

AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housekeeper

Number of child of this mother, including present birth: 16

Number of children of this mother now living, including present birth: 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3-5 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye

midwife (Physician or midwife)

Address Shelley Ida

Given names added from a supplemental report

____ 19____

____ Registrar

Filed 9-1 1912 Edwin Cutler M.D. Registrar

S-Y CO. 20174

699-105-006243

PLACE OF BIRTH

County of Bingham

City of Shelley

No. 1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 33 File No. 8262

Primary Registration District No. 2132 Registered No. 69

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Aug. 5 1913

FATHER		MOTHER	
FULL NAME	Jas. M. Wright	FULL MAIDEN NAME	Alice J. Butterfield
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 11 a.m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye

Midwife (Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 9—1—1913 Edwin C. Carter
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V.S. No. 11-C—Rev.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

819-109-006-617

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Taylor

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 33 File No. 8263

Primary Registration District No. 213-2 Registered No. 68

FULL NAME OF CHILD LELAND HARKER

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Aug. 9 1912

FATHER

FULL NAME Ernest Harker

RESIDENCE Taylor

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mamie Wagner

RESIDENCE Taylor

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Tennessee

OCCUPATION Housekeeper

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleyt

Midwife (Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 9-1 1912 Edwin Nether M. D. Registrar

S-Y CO. 20174

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
MAR 14 1957
Division of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

Certificate No. 8263

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Harker (Name on Original Certificate) who was born (Was Born or Died) on 8-9-12 (Date of Event)
in Bonneville Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Blessing (Bible Record, Insurance Policy, Etc.) prepared on October 13, 1912 viewed by Vital Statistics (Date) are:
Cert. of Blessing Oct 13, 1912, LDS Church
Cert. of Baptism, LDS Church Dec 13, 1925

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Leland Harker

Subscribed and sworn to before me this 12th day of March, 19 57

Notary Public, residing at Idaho Falls
My commission expires Dec. 1, 1958
(Seal)

Signed Mamie L Harker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

453 So Blvd Idaho Falls Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of March, 1957

Notary Public, residing at Idaho Falls
My commission expires Dec. 1, 1958
(Seal)

Signed Laurence Nadworth
(Signature of Any Credible Person)

345 W 17th Idaho Falls Idaho
(Street Address, City, State)

FORM DPH 55. 155

3-14-57

MAR 18 1957

DEC 5 1975

419-111-006-243

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Basalt

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 33 File No. 8264

Primary Registration District No. 2162 Registered No. 67

FULL NAME OF CHILD Earl B. Martin

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes.	Aug 11 1912

FATHER		MOTHER	
FULL NAME	B. F. Martin	FULL MAIDEN NAME	Mary Ann Buttler
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye

Midwife (Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

....19....

Filed 9-1 1912 Edward Cutler Registrar

....Registrar

S-Y CO. 20174

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 11 05 AM '75

State of ..... } ss.
County of ..... }

Certificate No. 8264

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Martin (Name on Original Certificate) who was born (Was Born or Died) on August 11, 1912 (Date of Event)
in Basalt (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	omitted	Earl Butler Martin

Subscribed and sworn to before me this 8th day of
October, 19 75
Florence Curtright
Notary Public, residing at Boise
My commission expires 4-20-78
(Seal)

Signed Melba Martin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Social Security Card issued by the S. S. Adm. gives name as Earl B. Martin.
520 01 5717. Card issued March 1948.
Viewed by V.S.

OCT 8 1975

Insurance Record with the Allstate Ins. Co. # 07 930101 1/24 gives name
as Earl B. Martin. Record issued November 26, 1965.
Viewed by V.S.

219-124-006-697

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

County of Bingham

City of Manrol

No. ..... St.

Hospital .....

Registration District No. 33 File No. 8265

Primary Registration District No. 2132 Registered No. 66

FULL NAME OF CHILD Uncle G. Bailey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Aug 24 1912

FATHER

FULL NAME Vernum Bailey

RESIDENCE Manrol

COLOR white AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ella Wixom

RESIDENCE Manrol

COLOR white AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Utah

OCCUPATION Housekeeper

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye

midwife (Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 9—1—1912 Edwina Cutler Smith Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 20 1942

393-229-006-314

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8266

County of Bingham

City of Woodville

No. ____ St.

Hospital ____

Registration District No. 33 File No. ____

Primary Registration District No. 3132 Registered No. 65

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	aug 22 1912

FATHER		MOTHER	
FULL NAME	Arsur Littlefield	FULL MAIDEN NAME	Ella Campbell
RESIDENCE	Woodville	RESIDENCE	Woodville
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleyff

midwife (~~Physician~~ or midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 9 — 1 19 12 Edward Cutler Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—10m-1-Mc-32

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH:

(County of_____

315-231-006-815

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Basalt

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 33 File No. 8267

Primary Registration District No. 215-3 Registered No. 63

FULL NAME OF CHILD Vera Annie Landon

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	8 31 1912

FATHER		MOTHER	
FULL NAME	Jas. S. Landon	FULL MAIDEN NAME	Polly A. Hanny
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler Jr. D.

(Physician or midwife)

Address Shoshone Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 9-1-12 Edwin Cutler Jr. D.

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 19 1941

389-228-006-553

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Basalt

No. ..... St.

Hospital .....

Registration District No. 33 File No. 8268

Primary Registration District No. 2152 Registered No. 62

FULL NAME OF CHILD Erma Lillian Christensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	8 – 28 – 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Heber Christensen	Emma Nelson
RESIDENCE	Basalt	Basalt
COLOR	White	White
AGE AT LAST BIRTHDAY	41 (Years)	37 (Years)
BIRTHPLACE	Utah	Sweden
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler Jr. D.

(Physician or midwife)

Address S. Shelley, Idaho

Filed 9 – 1 1912 Edwin Cutler Jr. D.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 10 1942

St. 6/109.006-318.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Woodville

No. ..... St.

Hospital .....

Registration District No. 33 File No. 8269

Primary Registration District No. 2152 Registered No. 61

FULL NAME OF CHILD WENDELL AUSTEN HAMMER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes	8-9-1912

FATHER		MOTHER	
FULL NAME	Michael K. Hammer	FULL MAIDEN NAME	Emma M. Grayson
RESIDENCE	Woodville	RESIDENCE	Woodville
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	33
		BIRTHPLACE	Utah
		OCCUPATION	Housekeeper

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 9-1 1912 Edwin Cutler M.D.
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

Certificate No. 8269

Date Filed

State of ~~Idaho~~ California
County of ~~Bingham~~ ~~Bonneville~~ Los Angeles } ss.

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Wendell Austen Hammer (Name on original certificate) who was born (Was born or died) on August 9, 1912 (Date of event)
in Bingham Bonneville County (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by memory and Bible record (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
name	was omitted on birth report	Wendell Austen Hammer

Subscribed and sworn to before me this 19th day of May, 19 41

H. H. Davidson
Notary Public, residing at Los Angeles
NOTARY PUBLIC
My commission expires In and for the County of Los Angeles, State of California
My Commission Expires June 12, 1943
[SEAL]

Signed Wendell K Hammer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

1341 Verna Way Vernal
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of California
County of Imperial } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of May, 19 41

A. J. Vanderwilt
Notary Public, residing at El Centro, Cal
My Commission Expires Feb. 3, 1944
[SEAL]

Signed Wendell Austen Hammer
(Signature of any credible person other than the previous affiant)

710 State Street
El Centro, Calif.
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

c.c. 6/7/41. w.h.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

County of Bingham

City of Goshen

No. ____ St.

Hospital ____

Registration District No. 33

Primary Registration District No. 2152

File No. 8270

Registered No. 60

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	8 – 9 – 1912

FATHER		MOTHER	
FULL NAME	C. W. Longhurst	FULL MAIDEN NAME	Hazel L. Christensen
RESIDENCE	Goshen	RESIDENCE	Goshen
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward Cutler M.D.

(Physician or midwife)

Address Shelley, Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 9 – 1 – 1912 Edward Cutler M.D.
Registrar

S-Y CO. 20174

230-104-006-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Amended 7/9/74

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8271

County of Bingham

City of Woodville

No. ..... St.

Hospital .....

Registration District No. 33 File No. .....

Primary Registration District No. 2162 Registered No. 69

FULL NAME OF CHILD Harry Gus Stoneberg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	8 — 4 — 1913

FATHER		MOTHER	
FULL NAME	Gus Stoneberg	FULL MAIDEN NAME	Ada Carlson
RESIDENCE	Woodville	RESIDENCE	Woodville
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward Cutler M. D.

(Physician or midwife)

Address Shelley, Idaho

Given names added from a supplemental report

..... 19.....

Filed 9 — 1 1912 Edward Cutler Registrar

..... Registrar

5-Y CO. 20174

JUN 13 1974

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 26 11 40 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bonneville

Certificate No. 8271

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Stoneburg (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 4, 1912 (Date of Event)
in Woodville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Harry Gus Stoneberg
father's last name	Stoneburg	Stoneberg

Subscribed and sworn to before me this 21st day of June, 19 74

Notary Public, residing at Idaho Falls, Idaho
My commission expires June 15, 1976
(Seal)

Signed Edna Engstrom
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

375 E. 19th St., Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of June, 19 74

Notary Public, residing at Idaho Falls, Idaho
My commission expires June 15, 1974
(Seal)

Signed Mrs John Engstrom
(Signature of Any Credible Person)

Route 4, Box 260, Idaho Falls, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 6/13/74 lbc.pd. rec. 9509.

Honorable Dischareg from U.S. Army gives name as Harry G. Stoneberg. born Aug. 5, 1912 at Idaho Falls, Idaho. date of separation Nov. 4, 1945. viewed by V. S.

JUL 11 1974

Application for Electric Service dated Jan. 9, 1925. signed by Gust Stoneberg and Roy Wallenstein, Viewed by V. S.

Receitp on Line Extension for Electric Service from Utah power & Light Co. gives name as Gust Stoneberg. dated Jan. 9, 1926. viewed by V. S.

Harry Gus Stoneberg name given on Social Security Card (519-36-5820) . viewed by VS

49-222-006-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Goshen

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 33 File No. 8272

Primary Registration District No. 2152 Registered No. 64

FULL NAME OF CHILD Laralda Naomi Drollinger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	one	and	yes	July 22 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elmer F. Drollinger	Laurette E. Gardner
RESIDENCE	Goshen Idaho	Goshen Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	32
BIRTHPLACE	Marion Ohio	Annabella Utah
OCCUPATION	Farmer	Domestic Science

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive July ____ (Born alive or stillborn) at ____ P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert R. Dresser

(Physician or Midwife)

Given names added from a supplemental report

Address Idaho

____, 19____

Filed Jan 8th 1913 Edwin Cutler Ex. D. Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

MAR 13 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of Idaho Falls — Registration District No. 7 — File No. 8273

No. [illegible] St. — Primary Registration District No. 2027 — Registered No. 197

Hospital

FULL NAME OF CHILD Donald Alexander Tobin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		3	yes	9-2-1912

FATHER		MOTHER	
FULL NAME	Jno J Tobin	FULL MAIDEN NAME	Lena Cross
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Salem Mass	BIRTHPLACE	Wisconsin
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Bond

P Lyman (Physician or midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report

.....19.....

.....Registrar

Filed 9/12 19/2

D Lamont Registrar

S-Y CO. 20174

MAR 6 1942

213-201-010-213

ACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of _____

No. _____ St.

Hospital _____

Registration District No. 7 File No. 8274

Primary Registration District No. 2029. Registered No. 194

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept. 1 1912

FATHER	MOTHER
FULL NAME: David Alfred Bates.	FULL MAIDEN NAME: Myrtle Alice Bates.
RESIDENCE: Bonneville County	RESIDENCE: Bonneville County.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Arizona	BIRTHPLACE: Utah
OCCUPATION: Farmer.	OCCUPATION: Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 5.15 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Godfrey.

Midwife (Physician or midwife)

Address Rigby - R.D. 1.

Given names added from a supplemental report

....., 19.....

Filed Sept. 14 19 12

S-Y CO. 20174

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 19 1965

APR 27 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

36-29-010-383

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of _____

No. _____ St.

Hospital _____

Registration District No. 7

Primary Registration District No. 2029

File No. 8275

Registered No. 199

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Aug. 29 1912

FATHER	MOTHER
FULL NAME: Phineas Melvin Cook	FULL MAIDEN NAME: Ruth Tyler
RESIDENCE: Bonneville County	RESIDENCE: Bonneville County.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Hebron, Utah.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 9

Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Godfrey

Midwife (Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address Rigby - R.D. 1

Filed Sept. 14 1912

Registrar

5-Y CO. 20174

PLACE OF BIRTH

(County of) Bonneville

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Bonneville County

RESIDENCE

Bonneville County

White

BIRTHPLACE

White

BIRTHPLACE

239-17-010-496

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 7 File No. 8276

No. ____ St.

Primary Registration District No. 2027 Registered No. 200

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept 17 1912

FATHER		MOTHER	
FULL NAME	Steven Popp	FULL MAIDEN NAME	Blanche Brown
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Salem, Mo.	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Townsend

P Lyman (Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report

....19....

Registrar

Filed Sept 1 19 12 W. Townsend Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-218-010-396

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

Registration District No. 7 File No. 8277

No. ..... St.

Primary Registration District No. 2027 Registered No. 261

Hospital

FULL NAME OF CHILD Esther May Fowler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 1 1912

FATHER		MOTHER	
FULL NAME	John H Fowler	FULL MAIDEN NAME	Mildred Croft
RESIDENCE	Ammon Ida	RESIDENCE	Ammon Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Leonard Spencer

(Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 19 1912 John Leonard Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

814-108-010-457

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon Registration District No. 7 File No. 8278

No. ....., ... St.

Primary Registration District No. 2027 Registered No. 202

Hospital .....

FULL NAME OF CHILD William Durard Hammer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Sept. 8, 1912

FATHER		MOTHER	
FULL NAME	William J. Hammer	FULL MAIDEN NAME	Dora May Denning
RESIDENCE	Ammon Ida	RESIDENCE	Ammon Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Miller MD

(Physician or Midwife)

Given names added from a supplemental report

Sept 30, 1912

W. Hammond
Registrar

Address Idaho Falls, Ida

Filed Sept 23 1912 W. Hammond
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 25 1942

766-127.010-756

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls — Registration District No. 7 — File No. 8279

No. ____ St. — Primary Registration District No. 2027 — Registered No. 203

Hospital ____

FULL NAME OF CHILD Harry Nichols Griffin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	Yes	Sept 27 1912

FATHER		MOTHER	
FULL NAME	Mike J. Griffin	FULL MAIDEN NAME	Lucy George
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ill.	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.30 P. M. on the date above stated.

(Signature) W. M. Lamont, Physician (Physician or midwife)

Address Idaho Falls Ida.

Filed Sept 27 1912 — W. M. Lamont, Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....19.... — ....., Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-128-010-231

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 8280

Primary Registration District No. 2027 Registered No. 214

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept 28 1912

FATHER		MOTHER	
FULL NAME	George Bayard	FULL MAIDEN NAME	Marie Klamm
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live born (Born alive or stillborn), at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jay Leonard M.D.

(Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report

..... 19.....

Filed Sept 28 19 12 H. Kennard Registrar

..... Registrar

S-Y CO. 20174

695-126-000-619

PLACE OF BIRTH

County of Bonneville

City of Ida. Falls Ida.

No. 895 Shoup St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 8281

Primary Registration District No. 2027 Registered No. 205

FULL NAME OF CHILD JOHN FARROW WINKLER

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Sept. 26 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William T. Winkler	FULL MAIDEN NAME	Opal Farrow
RESIDENCE	Ida. Falls Ida	RESIDENCE	Ida Falls. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kentucky Davis Co.	BIRTHPLACE	Cuba Mo.
OCCUPATION	Sugar Weaver	OCCUPATION	Housework.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Sept. 26th, at 12.15 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. K. Lodquist M.D.

(Physician or midwife)

Address Ida Falls. Ida.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Sept 27 1912 W. Hammond
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Form V. S. No. U-C—20m-2-35-12

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

8281

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Idaho Falls
Street and House No. 491 - S Lomax
County Bonneville

Registered Number 201

Registration District No. 7

Sex of Child Male

Date of Birth, Sept (Month) 26 (Day) 1912 (Year)

Full Name Father Jno T. Frankler

Full Maiden Name Mother Opal Farrow

I HEREBY CERTIFY that the child described herein has been named:

John Farrow Frankler
(Given name in full) (Surname)

as reported by Father
(Father or Mother)

[signature]
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

IDAHO STATIONERY & PRINTING CO.

794-129.010-255

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 8282

Primary Registration District No. 2027 Registered No. 9016

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Jan 29 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Arthur Leff	Mary Beydler
RESIDENCE	Idaho Falls Ida.	Idaho Falls Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	34
BIRTHPLACE	Ohio	Ohio
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Leonard

Physician (Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Feb 20 1912 Mary Leonard Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 1HC—20m-3

391-220-010-383

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Willow Creek

Registration District No. 7

File No. 8283

No. ____ St.

Primary Registration District No. 2029

Registered No. 207

Hospital ____

FULL NAME OF CHILD Emely Rozilla Cramer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	Sept 20 1912

FATHER		MOTHER	
FULL NAME	Alfred Cramer	FULL MAIDEN NAME	Emely Tyler
RESIDENCE	Willow Creek	RESIDENCE	Willowcreek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or ~~stillborn~~) at 8:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

~~(Physician~~ or midwife)

Address Alcon Bonneville Co

Given names added from a supplemental report

....., 19.....

Filed Oct 1 1912 W Kennard Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 4 1976

282-124-010-386

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. Bassadway St.

Hospital

Registration District No. 7 File No. 8284

Primary Registration District No. 2029 Registered No. 204

FULL NAME OF CHILD Clenden Thompson Bybee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy			yes	Sept 24 1912

FATHER	MOTHER
FULL NAME Walter Ray Bybee	FULL MAIDEN NAME Laura May Thompson
RESIDENCE Ucon	RESIDENCE Ucon
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Engineer	OCCUPATION House wife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was N male (Born alive or ~~stillborn~~), at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson (Physician or midwife)

Address Ucon Bonneville Co

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 1 1912 D. Hammond Registrar

5-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-23-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of BANNOCK }

RECEIVED APR 29 1971 Bureau of Vital Statistics

Certificate No. 8284

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Bybee (Name on Original Certificate) who was born (Was Born or Died) on Sept. 24, 1912 (Date of Event)
in Ucon (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Clenden Thompson Bybee

Subscribed and sworn to before me this 28 day of April, 1971

James D. Bayer

Notary Public, residing at Pocatello Idaho

My commission expires May 22, 1972

(Seal)

Signed Lord J. Lund
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

194 W. Eldredge, Pocatello
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of BANNOCK }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of April, 1971

James D. Bayer

Notary Public, residing at Pocatello, Idaho

My commission expires May 22, 1972

(Seal)

Signed A. L. Lund
(Signature of Any Credible Person)

194 W Eldredge, Pocatello
(Street Address, City, State)

FORM DH 60-155

Certif. of birth on file in Idaho. File No. 56-15067 gives child's name as Lori Bybee born December 7, 1956. Father's name: Clenden Thompson Bybee and mother's name as Ethel Harper. Viewed by V. S.

APR 30 1971

Certif. of Blessing from LDS Church gives child's name as Clenden Thompson Bybee son of Ray Bybee and May Thompson. Born Sept. 24, 1912 at Willow Creek(Ucon), Idaho Was Blessed Jan. 5, 1913 by Elder Weber Andrews. Signed by John A. Woolf, Bishop. Viewed by V. S.

433-12 81 010-962

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 7

Primary Registration District No. 2029

File No. 8285

Registered No. 269

FULL NAME OF CHILD Joseph Leland McLing

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept. 28 1912

FATHER

FULL NAME: Joseph Hyrum McLing

RESIDENCE: Ucon Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Laura Ann Robertson

RESIDENCE: Ucon, Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 4 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah Jane Simmons

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Ucon, Idaho.

Filed Oct. 3/12 19.....

S-Y CO. 20174

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

362-103-010-363

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 8286

Primary Registration District No. 2027 Registered No. 210

FULL NAME OF CHILD Edward Coltman Losh

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Oct 3 1912

FATHER	MOTHER
FULL NAME Roy Losh	FULL MAIDEN NAME Alice Coltman
RESIDENCE Idaho Falls Ida.	RESIDENCE Idaho Falls Idaho
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
COLOR White	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE West Point Neb.	BIRTHPLACE Idaho Falls Ida.
OCCUPATION Manager Electric Company	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

(Signature) [signature]

Physician

(Physician or midwife)

Address Idaho Falls Idaho

Filed Oct 3 1912 [signature]
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 6 1968

JUL 8 1942

381-103-010-864

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 8287

Primary Registration District No. 2027 Registered No. 211

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	11th	yes	Aug 3 1912

FATHER	MOTHER
FULL NAME Fred Chandler	FULL MAIDEN NAME Julia Gonna
RESIDENCE Idaho Falls	RESIDENCE Idaho Falls
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 46 (Years)	AGE AT LAST BIRTHDAY 46 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Ho Wife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4P. M. on the date above stated.

(Signature) S. S. Fuller M.D.

(Physician or midwife)

Address Idaho Falls Idaho

Filed Aug 19 12 K. Thomas Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

282-210-010-319

PLACE OF BIRTH

County of Bonneville

City of Idaho

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 8288

Primary Registration District No. 2029 Registered No. 212

FULL NAME OF CHILD Mary Alta Bybee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		3rd	yes	Sept 10 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Bybee	Evaline Larson
RESIDENCE	Elva Ida	Elva Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	20
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	H. wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller M.D.

Physician

(Physician or midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 7 1912 [illegible] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Named from card 4/7/43 Z.J.

APR 7 1943

236-22-9.010-853

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 7 File No. 8289

Primary Registration District No. 227 Registered No. 213

Hospital .....

FULL NAME OF CHILD Alice Elizabeth Scott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.		8th	yes	Sep 28 1912

FATHER		MOTHER	
FULL NAME	O. S. Scott	FULL MAIDEN NAME	Sallie Keller
RESIDENCE	Idaho Falls	RESIDENCE	"
COLOR	White	AGE AT LAST BIRTHDAY (Years)	45
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Ind	BIRTHPLACE	Ill
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th

Number of children of this mother now living, including present birth 7th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Sept 28/12, at 9 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. S. Fuller MD

(Physician or midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 4 1912

..... Registrar

..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

432-103-040-635

PLACE OF BIRTH name added 5-9-83

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Irwin

Registration District No. 7 **File No.** 8290

No. ____ *St.*

Primary Registration District No. 2030 **Registered No.** 214

Hospital ____

FULL NAME OF CHILD Archie R. McKay

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		4th	yes	Sep. 3 1912

FATHER	MOTHER
FULL NAME Wm McKay	FULL MAIDEN NAME Nellie Flemming
RESIDENCE Irwin Ida.	RESIDENCE Irwin
COLOR White AGE AT LAST BIRTHDAY 30 (Years)	COLOR White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Mo	BIRTHPLACE Kansas.
OCCUPATION Farmer	OCCUPATION Home Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or Stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller M.D

(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 4 1912 D. Cannard

Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-17-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of Idaho
County of BONNIVILLE } ss.

DEC 23 1 22 PM '82

Certificate No. 8290
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed McKay (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept. 3, 1912 (Date of Event)

in Irwin, (Bonneville) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Archie ~~Robert~~ McKay

Subscribed and sworn to before me this 19th day of December, 1982

Notary Public, Edward C Barker

Residing at Irwin Idaho

My commission expires Life

(Seal)

*Archie McKay
Signature of Applicant

*Box No 34 Swan Valley Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of December, 1982

Notary Public, Edward C Barker

Residing at Irwin Idaho

My commission expires Life

(Seal)

* Evan A McKay
Supporting Signature

Box 135 Irwin Id 83428
Street Address, City, State

In credit

Record of Examination of 8th. Grade for Bonneville County, Idaho 1928 gives Archie McKay as student of District 52. Viewed by V.S.

MAY 9 1983

Medical Record from Sacred Heart Community Hospital gives Archie R McKay, age 60 was treated on May 28, 1973. Viewed by V.S.

415-1871 810-386

PLACE OF BIRTH

County of Bannock

City of Idaho Falls

No. ..... St.

Hospital .....

Form V. S. No. 11.C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 8291

Primary Registration District No. 2027 Registered No. 211

FULL NAME OF CHILD SETH EMRIS DAVIS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		10th	Yes	Sept 17 1912

FATHER	MOTHER
FULL NAME GEORGE ~~Geo Geo~~ Davis	FULL MAIDEN NAME Saria Thomas
RESIDENCE Idaho Falls	RESIDENCE Idaho Falls
COLOR White AGE AT LAST BIRTHDAY ~~Sept~~ 44 (Years)	COLOR White AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Farmer Realestate	OCCUPATION H. Wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller M.D.
Physician
(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 4 19 12 W. Hammond Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

(County of)

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH--BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 8291

RECEIVED NOV 12 1941

Date Filed

The undersigned does solemnly swear that certain facts on the Birth certificate of (Birth or death)
for Unnamed Davis (Name on original certificate) who born (Was born or died) on Sept. 17 - 1912 (Date of event)
in Idaho Falls, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Book Record (Bible record, insurance policy, etc.) prepared on Sept. 17 1912 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Davis	Seth Emris Davis
		Born Sept. 17, 1912 - Idaho Falls, Idaho.

Subscribed and sworn to before me this 7th
day of November, 19 41.

M. L. Bigelow, CLERK OF THE DISTRICT COURT
~~Notary Public~~, residing at Idaho Falls, Idaho
~~My commission expires~~ By Grace McIntosh Deputy
[SEAL]

Signed George Davis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

130 May St. Idaho Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th
day of November, 19 41.

M. L. Bigelow, CLERK OF THE DISTRICT COURT
~~Notary Public~~, residing at Idaho Falls Idaho
~~My commission expires~~ By Grace McIntosh Deputy
[SEAL]

Signed Sara Thomas Davis
(Signature of any credible person other than the previous affiant.)

130 May St.
(Street Address, City, State)
Idaho Falls, Idaho

Received for filing on ..... By .....
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-223-025-239

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville — Registration District No. 10 — File No. 8292

No. ____ St. — Primary Registration District No. 1001 — Registered No. 175

Hospital ____

FULL NAME OF CHILD alice a Harris

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	aug 23 1912

FATHER		MOTHER	
FULL NAME	E. R Harris	FULL MAIDEN NAME	Hattie a Bliss
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Oregon	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. R. Harris

Father
(Physician or midwife)

Address Grangeville Idaho

Given names added from a supplemental report

....19....

....
Registrar

Filed Oct 7 1912 G.S. Stockton
Registrar

S-Y CO. 20174

JUL 1 2 1976

841-202-025-243

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kenteville

No. ____ St.

Hospital ____

Registration District No. 2042 File No. 8294

Primary Registration District No. 10 Registered No. 173

FULL NAME OF CHILD Gertrude Mary Huesmann

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 2 1912

FATHER		MOTHER	
FULL NAME	William B Huesmann	FULL MAIDEN NAME	Anna Buchtefeld
RESIDENCE	Kenteville Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	Saw Miller	OCCUPATION	H wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake

Physician (Physician or midwife)

Address Kenteville Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 3 19 12 G S Stockton Registrar

..... Registrar

per Blake

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RESIDENCE	Pinehurst, Idaho
COLOR	White
AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ohio

RESIDENCE	Same
COLOR	White
AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho

165-103-025-815

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Idaho

City of Ferdinand

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2042 File No. 8295

Primary Registration District No. 10 Registered No. ____

FULL NAME OF CHILD Joseph Jones.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Male			Yes	June 3rd (Month) (Day), 191 2 (Year)

FATHER		MOTHER	
FULL NAME	Bert Jones	FULL MAIDEN NAME	Rose Hansen
RESIDENCE	Ferdinand Ida	RESIDENCE	Ferdinand Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Boot Creek Ida	BIRTHPLACE	Mrs Wis.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Twins

Number of children, of this mother, now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Carlisle

Physician (Physician or Midwife)

Address Ferdinand

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Sept 10 19 12 G S Stockton per B
Registrar

S-Y CO., 16670

RESIDENCE

COLOR AGE AT LAST BIRTHDAY

BIRTHPLACE

123-21-025-695

PLACE OF BIRTH

County of Idaho

City of Ferdinand

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 2042 File No. 8296

Primary Registration District No. 10 Registered No. ____

FULL NAME OF CHILD Irene Aschenbrenner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 21st, 1912

FATHER		MOTHER	
FULL NAME	Joseph Chas. Aschenbrenner	FULL MAIDEN NAME	Josephine Fredricks
RESIDENCE	Ferdinand Ida.	RESIDENCE	Ferdinand Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Topeka Kas.	BIRTHPLACE	Moscow Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Carlisle

Physician (Physician or Midwife)

Address Ferdinand, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept 1st 1912 G. S. Stockton

per Blair Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 17 1951

295:12-025-522

Form V. S. No. II-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Ferdinand

Registration District No. 2042 File No. 8297

No. ....., ... St.

Primary Registration District No. 10 Registered No. .....

~~Hospital~~ Home

FULL NAME OF CHILD (not named). Donald Sink

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			Yes	Aug 21, 1912.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John T. Sink.	Lenore Esselenger
RESIDENCE	Ferdinand Ida	Ferdinand Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33.	40
BIRTHPLACE	Quincy Ills.	Grants Pass Ore.
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P.M. on the date above stated.

(Signature) C. H. Carlisle M.D.

Physician (Physician or Midwife)

Address Ferdinand Ida.

Filed Sept 19 1912 G S Stockton Registrar

per Blank

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

8297

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { *City* Ferdinand
Street and House No.
County Idaho

Registered Number 170
Registration District No. 10

Sex of Child Male

Date of Birth, August (Month) 21 (Day) 1917 (Year)

Full Name of Father John J. Link

Full Maiden Name of Mother Lenora Eslinger

I HEREBY CERTIFY that the child described herein has been named:

Donald Link
(Given name in full) (Surname)

as reported by Mother
(Father or Mother)

Rose L. Raines
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

238-121-025-243

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Ferdinand

No. ..... St.

Hospital Home

Registration District No. 2042 File No. 8298

Primary Registration District No. 10 Registered No. 169

FULL NAME OF CHILD Raymond Nicholas Schwemin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 21, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. Deitrick Schwemin	Josephine Philomena Heither
RESIDENCE	Ferdinand Idaho	Ferdinand
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Cario Ills.	Metropolis Ills.
OCCUPATION	Farmer.	House wife.

Number of child of this mother, including present birth One.

Number of children, of this mother, now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6: A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Carlisle. M.D.

Physician (Physician or Midwife)

Address Ferdinand Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept 1st 1912 G. S. Stockton Registrar

per Blake

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 1 1954

APR 5 1974

242-213-025-256

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Ferdinand

Registration District No. 242 File No. 8299

No. ____, ____ St.

Primary Registration District No. 10 Registered No. 168

Hospital ____

FULL NAME OF CHILD Ruth Bush

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 13th 191 2

FATHER		MOTHER	
FULL NAME	Mr Milton Bush	FULL MAIDEN NAME	Daisy Edelle Seward
RESIDENCE	Ferdinand Ida	RESIDENCE	Ferdinand
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40 2	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Edgar Ills.	BIRTHPLACE	Decalb Ills.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth six

Number of children, of this mother, now living, including present birth six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Carlisle

Physician

(Physician or Midwife)

Address Ferdinand Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 19 1912 G S Stockton Registrar

per Blake

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 8 1970

666-204-025-369

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Ferdinand

Registration District No. 2042

File No. 8300

No. ....., ... St.

Primary Registration District No. 10

Registered No. 167

Hospital .....

FULL NAME OF CHILD Dorothea Mabel Woodward

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female			Yes	Aug	4th	1912

FATHER		MOTHER	
FULL NAME	James Russell Woodward	FULL MAIDEN NAME	Hazel Elizabeth Twilegar
RESIDENCE	Ferdinand Idaho.	RESIDENCE	Ferdinand Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Grangeville Ida	BIRTHPLACE	Long Prairie Minn.
OCCUPATION	Editor.	OCCUPATION	Housewife.

Number of child of this mother, including present birth. One.

Number of children, of this mother, now living, including present birth. One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Carlisle M.D.

Physician

(Physician or Midwife)

Address Ferdinand Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 10 19 12 G S Stockton

Registrar

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Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 1 5 1970

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Ferdinand

Registration District No. 2042 File No. 8301

No. ____, ____ St.

Primary Registration District No. 10 Registered No. 166

Hospital ____

FULL NAME OF CHILD Ruth Mildred Kincaid

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept 3rd, 191.2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elmo William Kincaid	Mary Wagner
RESIDENCE	Ferdinand Idaho	Ferdinand Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	30
BIRTHPLACE	Palouse Wash.	Leahigh Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Carlisle M.D.

(Physician or Midwife)

Address Ferdinand Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 18 19 12 G S Stockton Registrar

per Blank

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Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the num of each, in order of birth stated

SEP 9 1969

AUG 6 1974

813-108-025-914

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. (3 mi S.W.) St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2042 File No. 8302

Primary Registration District No. 10 Registered No. 165

FULL NAME OF CHILD Alfred Gotfried Hatter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	one	Yes	Sept 8 1912

FATHER		MOTHER	
FULL NAME	Gotfried Hatter	FULL MAIDEN NAME	Mary Rad
RESIDENCE	Cottonwood P.O.	RESIDENCE	Cottonwood P.O.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Truitt

Physician (Physician or midwife)

Address Cottonwood Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Sept 17 19 12 G S Stockton
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 4 1974

813-081025-567

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Precinct of Cottonwood Registration District No. 2042 File No. 8303

No. ____, ____ St. Primary Registration District No. 10 Registered No. 164

Hospital ____

FULL NAME OF CHILD Joseph Gottfried Halter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept 8, 1912

FATHER		MOTHER	
FULL NAME	Alois Halter	FULL MAIDEN NAME	Seraphina Vogler
RESIDENCE	Cottonwood Precinct	RESIDENCE	Cottonwood Precinct
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1-20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Turner

(Physician ~~or Midwife~~)

Address Cottonwood Idaho

Given names added from a supplemental report

____, 19____

Filed Sept 10 1912

G. S. Stockton Registrar per B

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 14 1941

155-09-025-669

PLACE OF BIRTH

County of Idaho

City of Cottonwood Precinct

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

Registration District No. 2042 File No. 8304

Primary Registration District No. 10 Registered No. 163

FULL NAME OF CHILD JACOB F. JENSEN Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept. 9 1912

FATHER		MOTHER	
FULL NAME	Jacob Jensen	FULL MAIDEN NAME	Katie Forsmann
RESIDENCE	Cottonwood Precinct	RESIDENCE	Cottonwood Precinct
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Wisconsin	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	33
		BIRTHPLACE	Illinois
		OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5-48 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Turner

(Physician ~~or midwife~~)

Address Cottonwood, Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 12 1912 G S Stockton Registrar

per B

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 17 1942

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

8-304

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Cottonwood
Street and House No.
County Idaho

Registered Number 163
Registration District No. 10

Sex of Child Male

Date of Birth, Sept (Month) 9 (Day) 1912 (Year)

	Father	Mother
Full Name	Jacob Jensen	
Full Maiden Name		Katie Forsmann

I HEREBY CERTIFY that the child described herein has been named:

Jacob Frederick Jensen
(Given name in full) (Surname)

as reported by Mrs Jake Jensen
(Relative or Mother)

G. S. Stockton
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

AUG 7 1967

419-212-025-238

PLACE OF BIRTH

County of Idaho

City of Cottonwood, Ida.

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2042 File No. 8305

Primary Registration District No. 10 Registered No. 1[illegible]2

FULL NAME OF CHILD Florence Martzen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 12 1912

FATHER		MOTHER	
FULL NAME	Felix Martzen	FULL MAIDEN NAME	Susie Schieltz
RESIDENCE	Cottonwood, Idaho	RESIDENCE	Cottonwood Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Germany	BIRTHPLACE	Iowa
OCCUPATION	Real Estate Dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Turner (Physician or midwife)

Address Cottonwood Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept. 14 1912 G S Stockton Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 5 1975

413.112.025.669

Form U. S. No. 11-C—Bur. 4-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ____ St.

Hospital ____

Registration District No. 2042 File No. 8306

Primary Registration District No. 10 Registered No. 150

FULL NAME OF CHILD Ralph Richard Malerich

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 10 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward Malerich	Lena Forsmann
RESIDENCE	Cottonwood Idaho	Cottonwood, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	28
BIRTHPLACE	Illinois	Illinois
OCCUPATION	Village Marshall	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 4 15 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Turner

(Physician ~~or midwife~~)

Address Cottonwood Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 12 19 12 G S Sterkton Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

75-108025-432

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2042 File No. 8307

Primary Registration District No. 10 Registered No. 160

FULL NAME OF CHILD Edward Pease

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	one	Yes	Sept. 8 — 1912

FATHER		MOTHER	
FULL NAME	William A Pease	FULL MAIDEN NAME	Lois McKinney
RESIDENCE	Nez Perce Idaho	RESIDENCE	Nezperce Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	N. D.
OCCUPATION	R.R. Agent	OCCUPATION	Wife (died)

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Truitt

Physician (Physician or midwife)

Address Cottonwood Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 9th 1912 G S Stockton Registrar

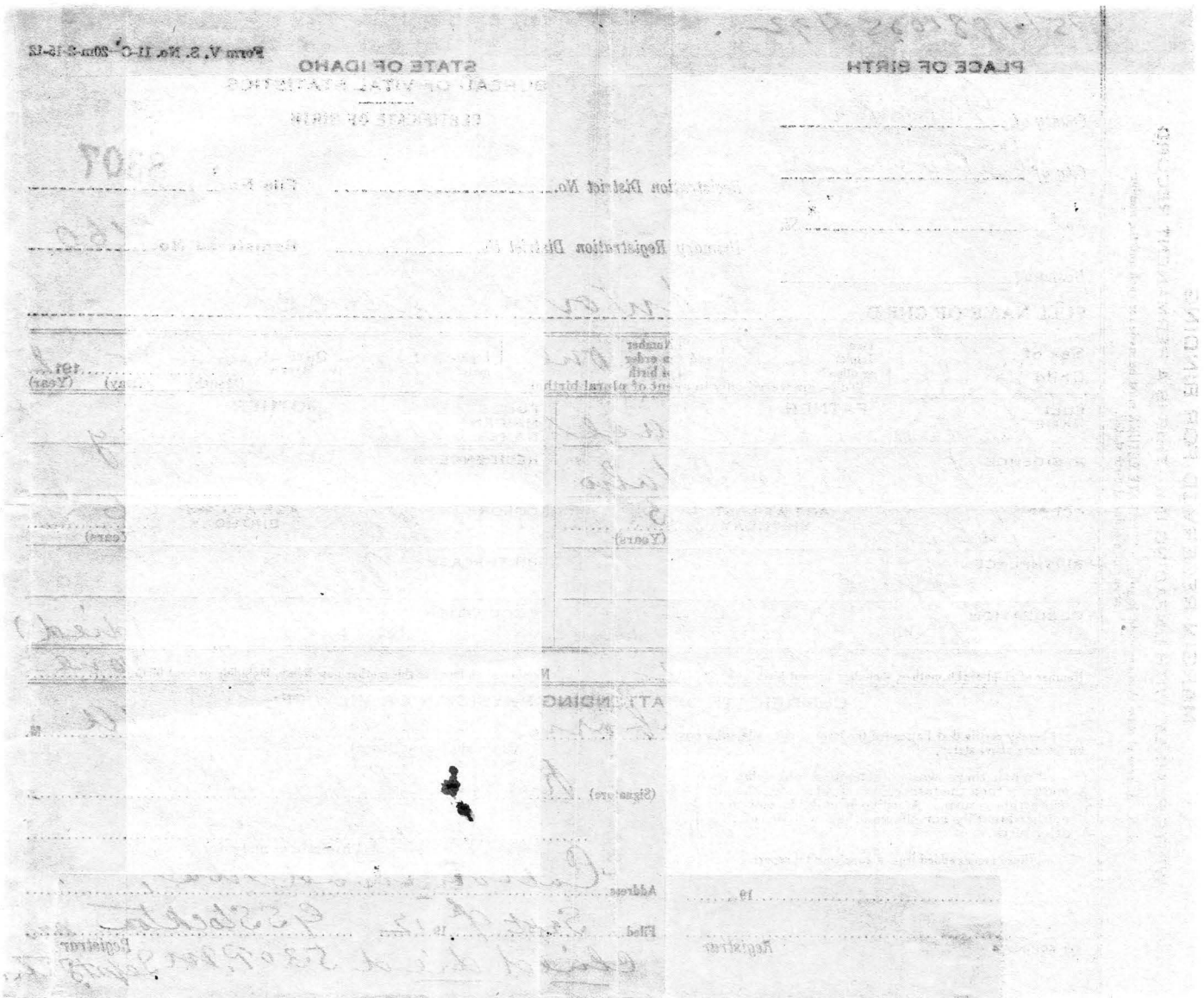
Child died 5:30 P.M. Sept 8th.

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



313-111-025-386

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 8308

County of Idaho

City of Joseph

No. ____, ____ St.

Registration District No. 10

Primary Registration District No. 2041

Registered No. 139

Hospital ____

FULL NAME OF CHILD Neil Talbott

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)	4	yes	Sept 11, 1912

FATHER	MOTHER
FULL NAME: Platt Talbott	FULL MAIDEN NAME: Marie Elizabeth Thornburg
RESIDENCE: Joseph Ida	RESIDENCE: Joseph Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Nebraska
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) W A Haskett

Physician (Physician or Midwife)

Address Whitebird Ida

Filed Oct 3 1912 G S Stroeller Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

191-119 005-349

PLACE OF BIRTH

County of Idaho

City of Joseph

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V. S. No. 12-C—Rev. 6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 8309

Primary Registration District No. 2041 Registered No. 138

FULL NAME OF CHILD Arams JOHN LORENZO

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	— (To be answered only in event of plural births)	1	yes	Sep 19, 191[illegible]

FATHER		MOTHER	
FULL NAME	James H. Aram	FULL MAIDEN NAME	Phoebe L. Smith
RESIDENCE	Joseph Ida.	RESIDENCE	Joseph Ida
COLOR		COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Portland Oregon	BIRTHPLACE	Palouse Wash
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Foskett

Physician

(Physician or Midwife)

Address Whitebird Idaho

Given names added from a supplemental report

..... 19....

..... Registrar

Filed Oct 3 1912 G. S. Stockton Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Idaho }

Certificate No. 8309

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for John Lorenzo Aram (Name on Original Certificate) who born (Was Born or Died) on Sept-19-1912 (Date of Event)
in Joseph Idaho (Place of Event) are ##### or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mothers affidavit (Bible Record, Insurance Policy, Etc.) prepared on Mar-9-1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	John Lorenzo Aram
age of mother at time of birth	32 ?	32

Subscribed and sworn to before me this 9th
day of March 1942.
Boal H Wright
Notary Public, residing at Boles
My commission expires Nov-17-1942
(Seal)

Signed Phebe L. Aram
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Joseph Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of April 1942
Ray J Fitzhugh
Notary Public, residing at Lewiston Idaho
My commission expires April 19th 1944
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

Clara H Fitzgerald
(Street Address, City, State)
815 S.H. St Grangeville Ida

MAY 1 1942

MAY 5 1942

235-225-025-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 8310

Primary Registration District No. 2044 Registered No. 157

FULL NAME OF CHILD Emily May Steinhouse

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 25 1912

FATHER		MOTHER	
FULL NAME	Aaron E Steinhouse	FULL MAIDEN NAME	Edith A Harris
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Oregon
OCCUPATION	well driller	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G B Stockton

(Physician or midwife)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept 27 19 12 G B Stockton

Registrar

..... Registrar

S-Y CO. 20174

445-120-025-418

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 10 File No. 8311

No. ____ St.

Primary Registration District No. 2044 Registered No. 156

Hospital MAYHEW

FULL NAME OF CHILD Erling M. Dunn

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 20 1912

FATHER		MOTHER	
FULL NAME	Leon M Dunn	FULL MAIDEN NAME	Myrtle R Mayhew
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or ~~midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 27 1912 G S Stockton

S-Y CO. 28174

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

652-224 025-386

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No ....., ... St.

Hospital .....

Registration District No 10 File No. 8312

Primary Registration District No. 1001 Registered No. 1535

FULL NAME OF CHILD Wilma Alene Webb

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		2nd	yes	Sept 24, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Webb	Eliza Thompson
RESIDENCE	Grangeville Ida	Grangeville Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	white — 42	white — 37
BIRTHPLACE	Missouri	Indiana
OCCUPATION	Salesman	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Strauch M. D.

(Physician or ~~Midwife~~)

Address Grangeville Ida

Given names added from a supplemental report

....., 19.....

Filed Sept 27 1912 G. S. Stockton

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
DEC 8 1969
Bureau of Vital Statistics

State of Idaho
County of Idaho } ss.

Certificate No. 8312

Date Filed

The undersigned does solemnly swear that the facts on the certificate of Birth (Birth or Death)
for Unnamed Webb (female child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 24, 1912 (Date of Event)
in Grangeville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Cradle Roll Certificate (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Wilma Alene Webb

Subscribed and sworn to before me this 3 day of Dec, 1969

D. L. Symes

Notary Public, residing at Grangeville Ida

My commission expires 10/28/72

(Seal)

Signed Helen Eimers Soltman

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

506 N. State, Grangeville, Idaho 83530

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Idaho } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of Dec, 1969

D. L. Symes

Notary Public, residing at Grangeville Idaho

My commission expires 10/28/72

(Seal)

Signed W. J. Soltman

(Signature of Any Credible Person)

506 N. State Grangeville Idaho 83530

(Street Address, City, State)

FORM DH 60-155

CL 3-1-66. one copy pd. rec. #6062.

Cradle Roll Certificate gives name as Wilma Alene Webb born Sept. 24, 1912. Dated Fourteenth day of December 1913. Signed by A. F. VanSlyke Viewed by V. S.

DEC 15 1969

Affidavit for a Marriage License gives names as Frank H. Schadeka and Wilma A. Webb dated Nov. 8, 1930. Signed by Hnery Leicher. Viewed by V.S.

863-225-025-863

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 14 File No. 8313

No. ____, ____ St.

Primary Registration District No. 1401 Registered No. 134

Hospital ____

FULL NAME OF CHILD Shurley Holmes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		1st	no	Sept 25 1912

FATHER		MOTHER	
FULL NAME	—	FULL MAIDEN NAME	Lena Holmes
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR		COLOR	white
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	—	BIRTHPLACE	Missouri
OCCUPATION	—	OCCUPATION	none

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. N. Thomas M.D.

(Physician or Midwife)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 25 1912 G. B. Stockton

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Registrar

386-119-025958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

PLACE OF BIRTH

County of Idaho

City of Denver

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 8314

Primary Registration District No. 2044 Registered No. 153

FULL NAME OF CHILD Oswald – Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy			yes	August 17, 1912

FATHER

FULL NAME Jesse B. Thompson

RESIDENCE Denver

COLOR White AGE AT LAST BIRTHDAY 47 (Years)

BIRTHPLACE Ottumwa Ohio

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Malinda Gehner

RESIDENCE Denver

COLOR White AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE Illinois

OCCUPATION house wife

Number of child of this mother, including present birth Ten

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse B Thompson
father
(Physician or midwife)

Address Denver Idaho

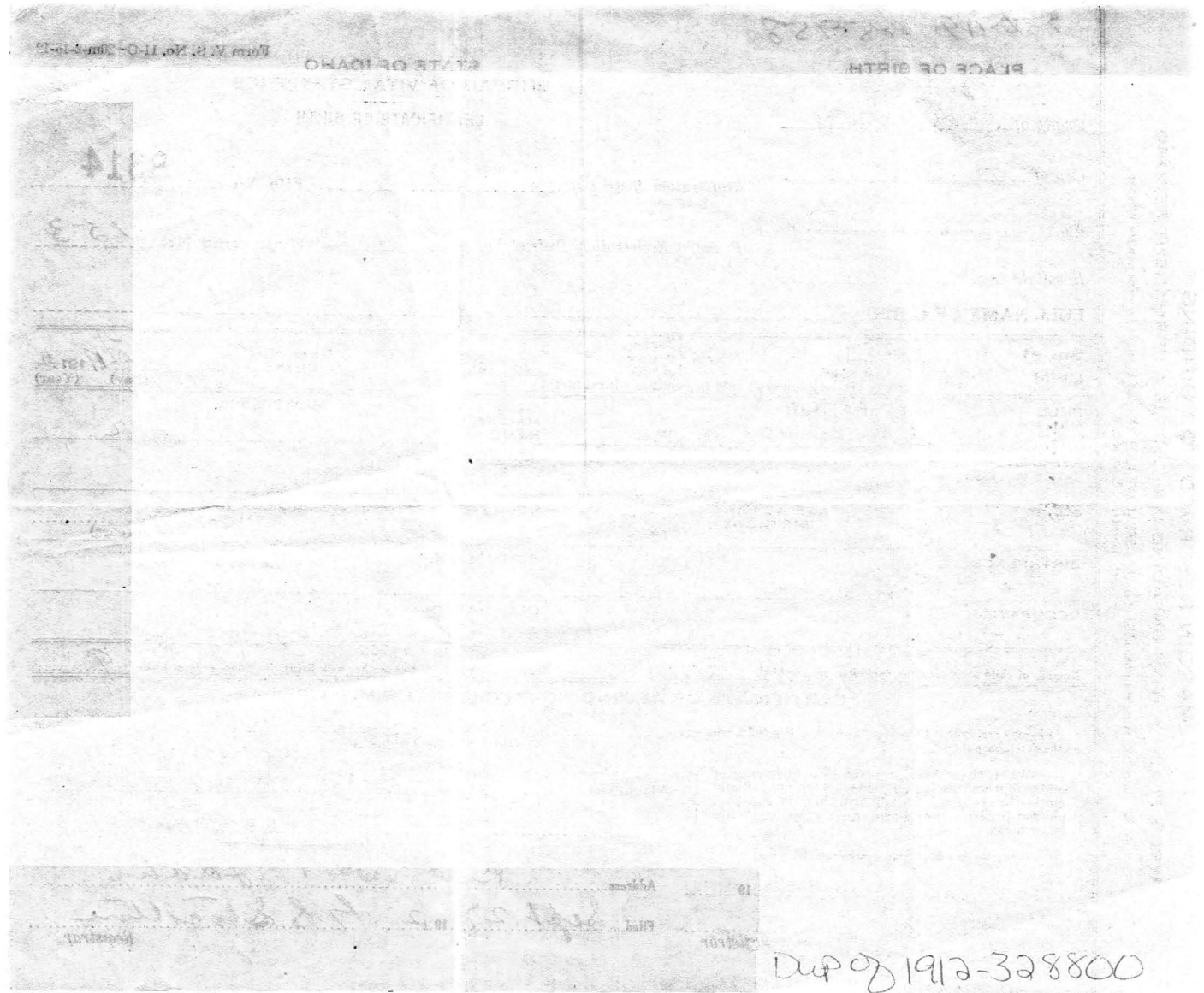
Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 27 1912 G S Stockton Registrar

S-Y CO. 20174



Dup of 1912-328800

695-012-025-455

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 10 File No. 8315

Primary Registration District No. 1001 Registered No. 152

FULL NAME OF CHILD Christal Christina Freitag

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 12 1912

FATHER		MOTHER	
FULL NAME	John G Freitag	FULL MAIDEN NAME	Anna Mentgen
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Kansas	BIRTHPLACE	Illinois
OCCUPATION	Tinner	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was from alive (Born alive or stillborn), at 7:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or ~~mid wife~~)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept 13 1912 G S Stockton

Registrar

..... Registrar

S-Y CO. 20174

651-112025-869

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville — Registration District No. 10 — File No. 8316

No. ____ St. — Primary Registration District No. 2044 — Registered No. 151

Hospital ____

FULL NAME OF CHILD Audrey Franklin Heath

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 12 1912

FATHER

FULL NAME	Louis E Heath
RESIDENCE	Grangeville
COLOR	White
AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Missouri
OCCUPATION	Farmer

MOTHER

FULL MAIDEN NAME	Glennie V Morris
RESIDENCE	Grangeville
COLOR	White
AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Missouri
OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or ~~midwife~~)

Address Grangeville Idaho

Filed Sept 13 1912 G S Stockton
Registrar

Given names added from a supplemental report

....., 19.....

.....
Registrar

S-Y CO. 20174

K

DECEASED

352-10-25-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Grangeville — Registration District No. 10 — File No. 8317

No. ____ St. — Primary Registration District No. 1001 — Registered No. 150

Hospital ____

FULL NAME OF CHILD Albert Henry Lester

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 1 1912

FATHER		MOTHER	
FULL NAME	John Francis Lester	FULL MAIDEN NAME	Laura Ware
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Illinois	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stricklin

(Physician or ~~midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 7 1912 G. S. Stricklin

Registrar

S-Y CO. 20174

Registrar

10-6-41

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

22-82-652

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Lincoln

City of Rupert

Registration District No. 29 File No. 8318

No. St.

Primary Registration District No. 2015 Registered No. 69

Hospital

FULL NAME OF CHILD Ella Grace Kinton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept. 21 1912

FATHER		MOTHER	
FULL NAME	Alexander Kinton	FULL MAIDEN NAME	Nora West
RESIDENCE	Augusta	RESIDENCE	Augusta
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Kenagy

Physician

(Physician or midwife)

Address Rupert Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct. 5 1912 V. R. Killam

S-Y CO. 20174 Registrar

Registrar

JUN 26 1942

619-102 1032-206

PLACE OF BIRTH

Form V. S. No. 10-C—Rev. 6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Rupert

Registration District No. 29

File No. 8319

No. ____, ____ St.

Primary Registration District No. 2015

Registered No. 60

Hospital ____

FULL NAME OF CHILD Philip Warden

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	9 2 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Warden	Ida Bowen
RESIDENCE	Rupert	Rupert
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	30
BIRTHPLACE	Arkansas	Pennsylvania
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J B Kenagy

Physician
(Physician or Midwife)

Address Rupert Idaho

Filed Oct. 5 1912 C. R. Killeen
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

993-20-092-693

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Rev. 9-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of _____

City of _____ Registration District No. 29 File No. 8320

No. _____, _____ St. Primary Registration District No. 2015 Registered No. 62

Hospital _____

FULL NAME OF CHILD Arlene Riley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept. 4, 1912

FATHER		MOTHER	
FULL NAME	David Riley	FULL MAIDEN NAME	Nina Willis
RESIDENCE	Rupert Ida	RESIDENCE	Rupert Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Mo.
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st.

Number of children, of this mother, now living, including present birth 1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive ~~or Stillborn~~) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Scott M. D.

Rupert Ida

(Physician ~~or Midwife~~)

Given names added from a supplemental report

_____, 19____

Address _____

Filed Oct. 5 1912 V. R. Killam

Registrar

9-Y CO. 18670

Registrar

AUG 29 1949

252-107-032-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lincoln

City of Rupert

No. ____, ____ St.

Hospital ____

FULL NAME OF CHILD Ira Walter Kessenger

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 8321

Primary Registration District No. 2015 Registered No. 64

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	9 7 1912

FATHER		MOTHER	
FULL NAME	Ira Kessenger	FULL MAIDEN NAME	Amanda Kronrei
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Kans.
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 3

Number of children of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:59 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Kennagy

Physician

(Physician or Midwife)

Address Rupert

Filed Oct. 5 1912 J. R. Killeen

Registrar

Given names added from a supplemental report

____, 19____

____

Registrar

S-Y CO., 16670

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11.C—[illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Rupert

No. ____, ____ St.

Hospital ____

Registration District No. 29 — File No. 8322

Primary Registration District No. 2065 — Registered No. 65

FULL NAME OF CHILD Donna mae Johnson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	9 9 1912

FATHER		MOTHER	
FULL NAME	H A Johnson	FULL MAIDEN NAME	Mae Martindale
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician

(Physician or Midwife)

Address Rupert Idaho

Given names added from a supplemental report

____, 19____

Filed Oct 5 1912 F. R. Kellen

Registrar

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 7 1943

SEP 23 1955

SEP 28 1973

239-113-032-593

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lincoln

City of Rupert

No. ..... St.

Hospital .....

Form V. S. No. 1-0 [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 8323

Primary Registration District No. 2015 Registered No. 67

FULL NAME OF CHILD HOWARD ARLAND SLIFFE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	9 13 1912

FATHER	MOTHER
FULL NAME Robert N Sliffe	FULL MAIDEN NAME Etta Nichols
RESIDENCE Rupert	RESIDENCE Rupert
COLOR White AGE AT LAST BIRTHDAY 42 (Years)	COLOR White AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Mo	BIRTHPLACE Mo
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J C Kynaston

(Physician or midwife)

Address Rupert Idaho

Filed Oct 5 1912 J R Killeen Registrar

S-Y CO. 20174

567-115-032-986

Form V. S. No. H-C—1000-6-21-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lincoln

City of

No. , St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 8325

Primary Registration District No. 2102 Registered No. 68

FULL NAME OF CHILD Walter Hilary Vogan

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	Sept 5th 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Ed. Vogan	Georgiana Rhodes
RESIDENCE	Beylburn	Beylburn
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	30
BIRTHPLACE	New Lisbon Ohio	Richfield Ohio
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 2 Two Number of children, of this mother, now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Thompson MD

(Physician or Midwife)

Address Beylburn Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct 5 1912 W. R. Killeen

Registrar

S-Y CO., 16670

JUL 30 1975

APR 17 1941

259213-032-713

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C-10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of ..... Registration District No. 29 File No. 8327

No. ....., ... St. Primary Registration District No. 2102 Registered No. 61

Hospital .....

FULL NAME OF CHILD Turlla Billings Krebs

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Sept 3, 1912

FATHER		MOTHER	
FULL NAME	F. Krebs	FULL MAIDEN NAME	Josie Patton
RESIDENCE	Hyburn	RESIDENCE	Hyburn
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killen

Physician (Physician or Midwife)

Address Hyburn Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct 5 1912 V. R. Killen

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 24 1974

8/3-176-031-553

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lincoln

City of Heyburn

No. ..... St.

Hospital Residence

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2102 File No. 8328

Primary Registration District No. 29 Registered No. 71

FULL NAME OF CHILD HAZEL VERNICE HATHAWAY

Sex of Child Female | Twin, Triplet or other? — | and Number in order of birth 1 (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Sept 16 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Claude E Hathaway	FULL MAIDEN NAME	Edna Nelson
RESIDENCE	Heyburn	RESIDENCE	Coyote Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Sand Point Ida	BIRTHPLACE	Coyote Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Meder M D

(Physician or Midwife)

Address Rupert Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 8 1912 W. R. Killeen Registrar

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Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

396-201-032-249

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of ____ Registration District No. 29 File No. 8329

No. ____, ____ St. Primary Registration District No. 2102 Registered No. 59

Hospital ____

FULL NAME OF CHILD Laura Helen Trowbridge

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Sept. 1, 1912

FATHER		MOTHER	
FULL NAME	C. E. Trowbridge	FULL MAIDEN NAME	Dory Smith
RESIDENCE	Hayburn	RESIDENCE	Hayburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killen M. D.

Physician (Physician or Midwife)

Address Hayburn Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Oct 5 1912 V. R. Killen
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

113-12032-666

Form V. S. No. 11-0-Ida-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Heyburn

No. ..... St.

Registration District No. 29 File No. 8330

Primary Registration District No. 2102 Registered No. 66

Hospital .....

FULL NAME OF CHILD ~~XXXXXXXXXXXXXXXX~~ WESLEY HANS Jacobsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Sept 12 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Cris Jacobsen	FULL MAIDEN NAME	Margaret Woodall
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Kenagy

Physician

(Physician or midwife)

Address Rupert Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 5 1912

E. R. Killen

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gooding }

Certificate No. 8330

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Leonard Jacobsen (Name on Original Certificate) who was born (Was Born or Died) on Sept. 12, 1912 (Date of Event) in Paul, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by myackual knowledge as I am his mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Leonard	Wesley Hans Jacobsen

Subscribed and sworn to before me this 2nd day of June, 1942

M E Ryan

Notary Public, residing at Gooding, Idaho

My commission expires Dec. 8, 1943
(Seal)

Signed Margaret Amy Jacobsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route No. 2; Gooding, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of June, 1942

Maud Henry

Notary Public, residing at Nampa, Idaho

My commission expires Sept. 19-1942
(Seal)

Signed Eliza Young
(Signature of Any Credible Person Other Than Previous Year)

320 + 8 are So.
(Street Address, City, State)

AUG 2 1 1942

City ..... Registrar's No. 6331

No. ....., ... St.

Primary Registration District No. 109 Registered No. 127

Hospital .....

FULL NAME OF CHILD ELWIN HERBERT TUSSING

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male	—	—	yes	9	17	1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Earle Tussing	Almeda Deasel Grimes
RESIDENCE	Twin Falls, Idaho	Twin Falls, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30 yrs	26
BIRTHPLACE	Kenton, Ohio	Hamburg, Neb.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright, M.D.
Twin Falls, Idaho
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Registrar

Filed Sept 1, 1912

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

S-Y CO. 18670

5/20/41 L. B.

791-120-614-289

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Fruitland

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—Rev. 6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 8332

Primary Registration District No. ____ Registered No. 125

FULL NAME OF CHILD Eugene Earl Graham

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)	—	yes	9th 20th, 1912

FATHER		MOTHER	
FULL NAME	H. S. Graham	FULL MAIDEN NAME	Jennie O. Shipp
RESIDENCE	Boyette, Idaho	RESIDENCE	Boyette, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Johnson Co. Mo.	BIRTHPLACE	Johnson Co. Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright M.D.

Fruitland, Idaho

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Sept 20 19.1[illegible]

Registrar

S-Y CO., 16670

MAR 31 1947

Dup #1912-2274f2

FEB 27 1952

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

County of Canyon

City of Payette

Registration District No. [illegible] File No. 8333

No. ____, ____ St.

Primary Registration District No. [illegible] Registered No. 130

Hospital ____

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Ralph Earl Blayden

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	1	Yes	Sept 18, 1912

FATHER

FULL NAME: Roy E. Blayden

RESIDENCE: Payette Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Katie M. Watts

RESIDENCE: Payette Ida

COLOR: White

AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Kansas

OCCUPATION: housekeeper

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Elmer Crouch

Physician

(Physician or Midwife)

Address Payette Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept [illegible] 19.1[illegible]

.....
Registrar

S-Y CO., 16670

Sep- Registrar

36-240-015-667

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. ..... St.

Hospital .....

Registration District No. 22 File No. 8334

Primary Registration District No. 2008 Registered No. 123

FULL NAME OF CHILD Izola Adaline Coates

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.			yes	Sep. 10, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert L. Coates	Hazel A Fox
RESIDENCE	Payette Idaho	Payette Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	20	16
BIRTHPLACE	Idaho	Colo.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward

Phys.

(Physician or Midwife)

Address Payette, Idaho

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed Sep 10 1912 J. R. Woodward Dep. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

NOV 17 1959

NOV 18 1953

386-207-04-159

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of _____

No _____, _____ St.

Hospital _____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 221 File No. 8335

Primary Registration District No. 2008 Registered No. 124

FULL NAME OF CHILD Unnamed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept 7, 1912

FATHER	MOTHER
FULL NAME Geo. M. Thomas	FULL MAIDEN NAME Nellie Jerome
RESIDENCE 2½ miles South of Payette	RESIDENCE with Husband.
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Michigan
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), on the date above stated, at 12 30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or Midwife)

Address Payette Ida

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed Sept 7 19 12 J. C. Woodward Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

319-22 Y, 04-363

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. ____, ____ St.

Hospital ____

Registration District No. 22 File No. 8336

Primary Registration District No. 2008 Registered No. ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem			Yes	Sep 24, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas J Carico	Pearl E Cole
RESIDENCE	Payette Idaho	Payette, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	31
BIRTHPLACE	Virginia	Virginia
OCCUPATION		

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ____

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed ____ 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

433-22-0-014-308

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. ....., ... St.

Hospital .....

Registration District No. 22 File No. 8337

Primary Registration District No. 2008 Registered No. 136

FULL NAME OF CHILD Margaret Anne McCullough

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept 20, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Nelson J McCullough	Lilly Taylor
RESIDENCE	Payette Idaho	Payette Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	34
BIRTHPLACE	Idaho	Oregon
OCCUPATION	Stockman	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward

Phys.

(Physician or Midwife)

Address Payette Idaho

Filed Sept 20 1912 J R Woodward Dep Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 16 194

84-226.1014-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Canyon

City of Payette

No. 527 N. 7th St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 22 File No. 8338

Primary Registration District No. 2008 Registered No. 191

FULL NAME OF CHILD Unnamed Edith Myrddona Hughes

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)			Yes	Sept. 26, 1912

FATHER		MOTHER	
FULL NAME	A. D. Hughes	FULL MAIDEN NAME	Hazel Davis
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Indiana Illinois	BIRTHPLACE	Minnesota
OCCUPATION	Abstracter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) O. H. Avery

Physician
(Physician or Midwife)

Address Payette, Idaho

Filed Sept 28 1912

SYMS - YORK CO., PTRS. & SDRS. 17826

A. H. Avery - Registrar

AUG 2 8 1942

155·229·014-141

PLACE OF BIRTH

Form V. S. No. 12—Rev. 4-29-21

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett Registration District No. 12 File No. 8339

No. ....., ... St. Primary Registration District No. 2-21-1 Registered No. 132

Hospital .....

FULL NAME OF CHILD Marguerite Gwendolin Jennings

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	9-28-12

FATHER		MOTHER	
FULL NAME	Tom Harry Jennings	FULL MAIDEN NAME	Della Amack
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	W.	COLOR	W	AGE AT LAST BIRTHDAY	21 (Years)
AGE AT LAST BIRTHDAY	27 (Years)		
BIRTHPLACE	Idaho	BIRTHPLACE	Mo.
OCCUPATION	Barber	OCCUPATION	Nil

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or Midwife) M.D.

Given name added from a supplemental report

....., 19.....

Address Emmett Idaho

Filed 10-1-12 J. L. Reynolds Registrar

.....
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1912-346669 duplicated voided

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PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

Registration District No. 2

File No. 8340

No. ____, ____ St.

Primary Registration District No. 2212

Registered No. 138

Hospital ____

FULL NAME OF CHILD Louis Reynolds

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	9 16 1912

FATHER	MOTHER
FULL NAME James Lemmon Reynolds	FULL MAIDEN NAME Gladys Rossman
RESIDENCE Emmett	RESIDENCE Emmett Ida
COLOR W AGE AT LAST BIRTHDAY 34 (Years)	COLOR W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Chatham Va	BIRTHPLACE Ogden Utah
OCCUPATION Physician	OCCUPATION None.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds M.D.

(Physician or Midwife)

Address Emmett Ida

Given name added from a supplemental report

....., 19.....

Filed 10-1 1912 J. L. Reynolds

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 28 1975

243-202.014-813

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 8341

County of Canyon

City of ..... Registration District No. 22

No. ....., ... St. Primary Registration District No. 2212 Registered No. 134

Hospital .....

FULL NAME OF CHILD Gladys Sutton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	—	—	yes	Sept 2 - * 1912

FATHER		MOTHER	
FULL NAME	Richard Sutton	FULL MAIDEN NAME	Emily Hathis
RESIDENCE	Emmett Ida	RESIDENCE	Emmett
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	England	BIRTHPLACE	Ida
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive Sept 2, at 4 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds M.D.
(Physician or Midwife)

Address Emmett Ida

Given name added from a supplemental report

..... 19....

J L Reynolds Registrar

Filed 9-9- 19 12

Registrar

S-Y CO. 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sept 7 1962

713.110.014-263

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 7 (Canyon) St.

Hospital Yes

Registration District No. 3

File No. 8342

Primary Registration District No. 1005

Registered No. 251

FULL NAME OF CHILD Wm Eugene Patten

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	— (To be answered only in event of plural births)		—	yes	Sept 10, 191?

FATHER		MOTHER	
FULL NAME	G. M. Patten	FULL MAIDEN NAME	Effie Solomon
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Wisconsin
OCCUPATION	House wife	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 9 M. on the date above stated.

(Signature) Dr. S. J. Miller (m. w.)

(Physician or Midwife)

Address Caldwell Idaho

Filed Sept 11 19 12 John S. Meyer Registrar

Dep.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 25 1957

MAY 2 1961

231-110.01X-96

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. —, — St.

Hospital no

Registration District No. 3 File No. 8343

Primary Registration District No. 2005 Registered No. 252

FULL NAME OF CHILD Raymond J. Black

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
male	—	—	yes	Sept 10 (Month) (Day) 191 2 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	B. Black	FULL MAIDEN NAME	Lorna Robbins
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr D. J. Miller (mw)

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 11 19 12 John S. Meyer Dep Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 1 1979

SEP 18 1941

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PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell — Registration District No. 3 — File No. 8344

No. —, — St. — Primary Registration District No. 1005 — Registered No. 253

Hospital no

FULL NAME OF CHILD James Harvey Gipson Jr

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	Sept. 5, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. H. Gipson	Esther Sterling
RESIDENCE	Caldwell	Caldwell
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Colorado	Oregon
OCCUPATION	Printer	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. D. J. Miller (MW)

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 11 1912 John S. Meyer Registrar

.....

S-Y CO., 16670 Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

AUG 27 1942

JUN 22 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C 20m-2-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8345

Place of birth:

County Canyon

City Caldwell

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2005

Registered No. 254

Hospital

FULL NAME OF CHILD Fredrick Marshall Jacquith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth
Male			Yes	Sept. (Month) 12 (Day) 1912 (Year)

FATHER

FULL NAME Gail D. Jacquith

RESIDENCE Sunny Slope Canyon Co

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE South Dakota

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Myrtle Burch

RESIDENCE Sunny Slope Canyon Co

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Missouri

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), on the date above stated.

(Signature) C. M. Casey

Physician

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

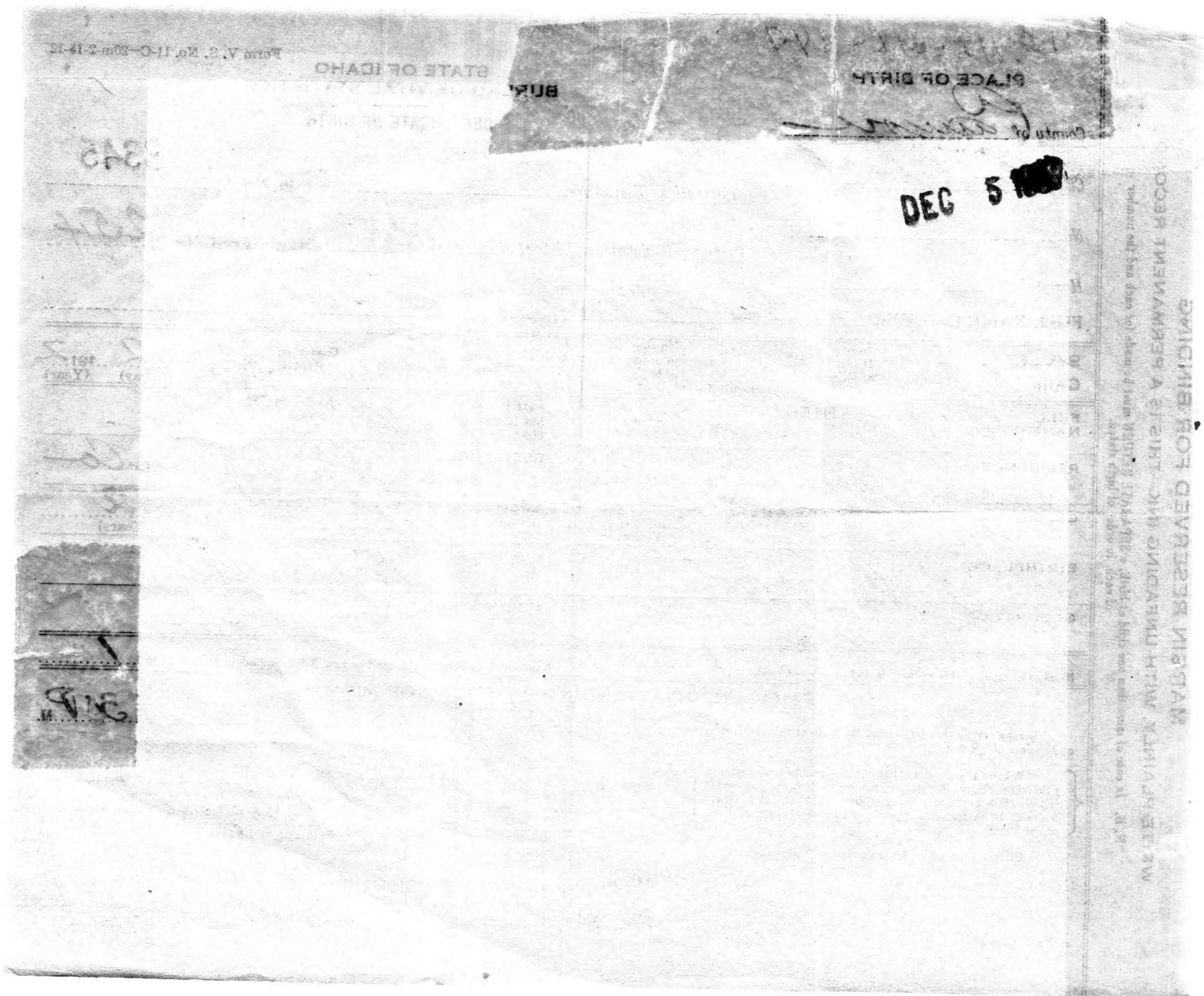
.....
Registrar

Address

Filed Sept 20 19 12

J. S. Meyer M.D.
Registrar

S-Y CO. 20174



154-116-0-4-1913

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ____, ____ St.

Hospital

Registration District No. 3 File No. 8346

Primary Registration District No. 2006 Registered No. 255

FULL NAME OF CHILD Frederick LeRoy Anderson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes	Aug 16, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Niels P. Anderson	Flora E. Jacobson
RESIDENCE	Nampa	Nampa
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	42	34
BIRTHPLACE	Denmark.	Denmark.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:06 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. S. Mangle M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 9/24 1912 J.S. Meyer

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 1 4 1942

636-136-04-168

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ____, ____ St.

Hospital ____

Registration District No. 3

File No. 8348

Primary Registration District No. 1006

Registered No. 257

FULL NAME OF CHILD John

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	7, 26, 1912

FATHER		MOTHER	
FULL NAME	William P. O'Connor	FULL MAIDEN NAME	Emily V. Johnston
RESIDENCE	Nampa, Idaho	RESIDENCE	Nampa, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Portland Oregon
OCCUPATION	Attorney	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C J Houseman

E. G. Houseman M. D.
(Physician or Midwife)

Address Nampa, Idaho,

Given names added from a supplemental report

....., 19.....

Filed Aug 6 1912 O B Bellew M.D.
Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

123 24½ 014-864

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. [illegible]

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 8349

Primary Registration District No. 1006 Registered No. 258

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	—	—	Yes	8 24, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ernest Ebbesteine	Mary Hamstein
RESIDENCE	Nampa Ida	Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	26
BIRTHPLACE	Nev.	New York
OCCUPATION	Sheep man	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

(Signature) O. B. Beller M.D.

Phys. (Physician or Midwife)

Address Nampa Ida

Filed 9/1/1912 O. B. Beller M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 10-Rev. Jan. 1-49

14-N-6W-S-S-9

PLACE OF BIRTH — STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ____, ____ St.

Hospital ____

Registration District No. 1003 — File No. 8350

Primary Registration District No. 1006 — Registered No. 259

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	8 14 191-

	FATHER	MOTHER
FULL NAME	Jacob Questine	FULL MAIDEN NAME Mazie Quinn
RESIDENCE	Nampa Ida	RESIDENCE Nampa Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE Iowa.
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 2 (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Bell M D

Phys.

(Physician or Midwife)

Address Nampa

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Sept 1 1912 O B Bell M D Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

19 K 106 of K 264

Form V. S. No. 11.0 10m 4-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ....., ... St.

Hospital —

Registration District No. 3. File No. 8351

Primary Registration District No. 1006 Registered No. 260

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	8 - 6 - 12

FATHER		MOTHER	
FULL NAME	James J. Armstrong	FULL MAIDEN NAME	Jennie Somers.
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... 1 ...

Number of children, of this mother, now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Beller M.D.

P-hys.

(Physician or Midwife)

Address Nampa Ida

Filed Sept 1 19 12 O B Beller M.D.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

819-22-1014-133

PLACE OF BIRTH Amended March 3,1959

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Canyon

City of Notus

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 2007

File No. 8352

Registered No. 261

FULL NAME OF CHILD LETHA HARRITT
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (and) Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	August 28, 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 8 ... Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: George Harritt	FULL MAIDEN NAME: Gertrude Allen
RESIDENCE: Notus, Ida.	RESIDENCE: Notus, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Ill.	BIRTHPLACE: Iowa
OCCUPATION: Farmer	OCCUPATION: Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) J. N. Henry

Physician
(Physician or midwife)

Address Notus, Idaho

Filed Sept 24, 192 1912 J. D. Meyer
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Canyon

City of Notus

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 8352

Primary Registration District No. 2007 Registered No. 261

FULL NAME OF CHILD Not named

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	single	8"	yes	Aug. 28" 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Harriet	Gertrude Allen
RESIDENCE	Notus Idaho	Notus Idaho
COLOR / AGE AT LAST BIRTHDAY (Years)	white 36.	white 27.
BIRTHPLACE	Ill.	Ia.
OCCUPATION	Farmer	House keeper.

Number of child of this mother, including present birth 8" 0

Number of children, of this mother, now living, including present birth 3"

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry

Physician

(Physician or Midwife)

Address Notus Idaho.

Given names added from a supplemental report

..... 19.....

Filed Sept 24 1912 J. A. Meyer

S-Y CO., 16670 Registrar

..... Registrar

Certificate of Marriage, dated May 26, 1903, Boise, Idaho gives father's correct name. viewed by V.S. Another child's birth certificate #205257 gives father's correct name. on file V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 8352

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Harriet (Name on Original Certificate) who born (Was Born or Died) on Aug. 28, 1912 (Date of Event)
in Notus, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Social Security card #519-07-0626 gives correct name, viewed by V.S. (Bible Record, Insurance Policy, Etc.) prepared on Child's birth cert. #271568 gives (Give Date)
mother's correct name- on file V.S.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Letha Harritt
Full Name of Father	George Harriet	George Harritt

Subscribed and sworn to before me this 3rd day of March, 1959

Notary Public, residing at Boise, Idaho
My commission expires Jan 7 - 1963
(Seal)

Signed George Harritt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

823 Chicago Caldwell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of March 1959

Notary Public, residing at Boise, Idaho
My commission expires Jan 7 - 1963
(Seal)

Signed Mrs Gertrude A Harritt
(Signature of Any Credible Person)

823 Chicago Caldwell, Idaho
(Street Address, City, State)

FORM DPH 55.155

CL 2-25-59. one copy pd.

MAR 4 1959

296-22-1014-693

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

8353

County of Canyon

City of Deer Flat.

No. ____, ____ St.

Registration District No. 3

File No. ____

Primary Registration District No. 2005

Registered No. 262

Hospital ____

FULL NAME OF CHILD Brown, ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	1st	Yes	Sept. 21, 1912

FATHER	MOTHER
FULL NAME: Fred Brown	FULL MAIDEN NAME: Florence Williams
RESIDENCE: Caldwell	RESIDENCE: Caldwell
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Arcadia Nebraska	BIRTHPLACE: Winnebago Minn.
OCCUPATION: Farmer	OCCUPATION: House Wife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. N. Johnson

(Physician ~~or Midwife~~)

Address Caldwell Ida

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Sept 24 19 12 J. A. Meyer Dep. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 21 1969

132-130104-819

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

8354

County of Canyon

City of Caldwell

Registration District No. 3 File No.

No. ..... St.

Primary Registration District No. 2005 Registered No. 263

Hospital

FULL NAME OF CHILD Not named.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	other	5th	yes	Apr. 30th 1912

FATHER		MOTHER	
FULL NAME	Earl Albertson	FULL MAIDEN NAME	Rhoda Harvey
RESIDENCE	Caldwell Ida.	RESIDENCE	Caldwell Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	Farmer.	OCCUPATION	House Keeper.

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Henry

Physician

(Physician or Midwife)

Address Notus Ida.

Given names added from a supplemental report

..... 19.....

Filed May 10 1912 R C Bull

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-221-014-665

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AMENDED 11/26/45

County of Canyon
City of Caldwell
No. ---------- St.
Hospital

Registration District No. 3 File No. 8355
Primary Registration District No. 2005 Registered No. 264

FULL NAME OF CHILD Anna Bernice McKinney
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	— and —		Yes	June 21, 1912

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: W. R. McKinney	FULL MAIDEN NAME: Emma Owen
RESIDENCE: Caldwell	RESIDENCE: Caldwell
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Indiana	BIRTHPLACE: Nebraska
OCCUPATION: Rancher	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Sept. 24, 1912 J. S. Meyer Registrar.

Amended 11/26/45

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 8355

No. ——, ——— St.

Primary Registration District No. 7005

Registered No. 264

Hospital No

FULL NAME OF CHILD Viola Bernice McKinney

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	— (To be answered only in event of plural births)		—	Yes	June 21, 1912

FATHER		MOTHER	
FULL NAME	W. R. McKinney	FULL MAIDEN NAME	Emma Over
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Indiana	COLOR	White
OCCUPATION	Rancher	AGE AT LAST BIRTHDAY (Years)	29
		BIRTHPLACE	Neb
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 0 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr L. J. Miller (Miss W)

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Sept 24 19 12 J. S. Meyer

S-Y CO., 16670 Registrar Registrar

WRITE PLAINLY, WITH UNFADING INK—DO NOT USE LEAD PENCIL

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 8355

Date Filed /

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Iola Bernice McKinney (Name on Original Certificate) who was born (Was Born or Died) on June 21, 1914 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record book (Bible Record, Insurance Policy, Etc.) prepared on June, 1914 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Iola Bernice McKinney	Anna Bernice McKinney
Mother's Name	Emma Owen	Emma Owen

Subscribed and sworn to before me this 24th day of November, 1945

Thos. Greenan

Notary Public residing at Boise, Idaho

My commission expires Oct. 15, 1948

(Seal)

Signed Mrs Emma J McKinney
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

1711-7 St South Nampa Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of November, 1945

Thos. Greenan

Notary Public residing at Boise, Idaho

My commission expires Oct. 15, 1948

(Seal)

Signed Mrs J. L Fisher
(Signature of Any Credible Person)

523 Kirya St.
(Street Address, City, State)

Boise, Idaho

NOV 26 1945

DEC 1 1945

JUL 9 1968

453-130-24-259

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton

Registration District No. 3 File No. 8356

No. ____, ____ St.

Primary Registration District No. 2005 Registered No. 265

Hospital ____

FULL NAME OF CHILD William Alfred Bertch Metsker

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
male	~	2nd	yes	July 30 (Month) (Day) 191? (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Alfred Metsker Sr	FULL MAIDEN NAME	Martha Bertch
RESIDENCE	Walla Walla Wash.	RESIDENCE	Walla Walla
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Pendleton Oregon	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 2 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. V. Farmer M.D.

(Physician or Midwife)

Given names added from a supplemental report

____, 19____

Address ____

Filed Sept 24 19 17 J. S. Meyer

____ Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 16 1955

038-163-014-335

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C

Bureau of Vital Statistics,

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 8357

No. ____, ____ St.

Primary Registration District No. 1005

Registered No. 266

Hospital ont

FULL NAME OF CHILD Earl Clement Schweizer

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One (To be answered only in event of plural births)	1st	yes	6 23 1912

FATHER		MOTHER	
FULL NAME	Geo E Schweizer	FULL MAIDEN NAME	Rena Clement
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ranches Mo	COLOR	White
OCCUPATION	Laborer	BIRTHPLACE	Idaho Hermansville
		OCCUPATION	Housemaple

Number of child of this mother, including present birth One.

Number of children, of this mother, now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Mellin

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 15 19 12 John D Meyer

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

7-10-41

698-24-OR-613

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-17

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ____, ____ St.

Hospital no

Registration District No. 3

File No. 8358

Primary Registration District No. 7005

Registered No. 267

FULL NAME OF CHILD Wallace Fry

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	June 24, 1912

FATHER		MOTHER	
FULL NAME	Arthur Fry	FULL MAIDEN NAME	Eunice Walls
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. S. J. Hiller (Mid W)

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Sept 15 1912 John S. Meyer
Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—TYPE

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-30-11

IDAHO DEPARTMENT OF HEALTH 12 29 70

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
DEC 3 1 1970
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 8358

Date Filed .....

The undersigned does solemnly swear that certain facts in the certificate of birth (Birth or Death)
for Unnamed Fry (Name on Original Certificate) who born (Was Born or Died) on June 24, 1912 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Wallace Fry

Subscribed and sworn to before me this 29th day of December, 19 70

Notary Public, residing at Caldwell, Idaho
My commission expires March 29, 1972
(Seal)

Signed Marie Bassey Fry
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 2 Caldwell, Idaho 83605
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 1 copy paid Rec. # 07312

JAN 28 1971

Marriage license Caldwell, Idaho, Canyon County Date of marriage March 31, 1934 for Wallace Fry & Marie Basey gives name as Wallace Fry.

Viewed by VS

Insurance Policy # 10,093C1 Gem State Mutual Life Assoc. dated May 20, 1937 Pocatello, Idaho, gives name as Wallace Fry.

Viewed by VS

449.22.0.V.964

PLACE OF BIRTH

Form V. S. No. 11-C—10m-6-10-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital Mg

Registration District No. 3

File No. 8359

Primary Registration District No. 2005

Registered No. 268

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	One	—	yes	June 25 1912

	FATHER	MOTHER
FULL NAME	Ben Hyrum	FULL MAIDEN NAME Anna Rodenberg
RESIDENCE	Caldwell	Caldwell
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	38	36
BIRTHPLACE	Mo.	Indiana
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Dr. S. J. Miller (This N)

(Physician or Midwife)

Address Caldwell Idaho

Filed Sept 15 19 12 John S Meyer Registrar

S-Y CO., 16670

152 21 71 014 235

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell — Registration District No. 3 — File No. 8361

No. ____ St. — Primary Registration District No. 2005 — Registered No. 270

Hospital ____

FULL NAME OF CHILD Dorthea Margaret Jacob

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 17 1912

FATHER		MOTHER	
FULL NAME	Percy Jacob	FULL MAIDEN NAME	Blanche Stevens
RESIDENCE	Caldwell Id	RESIDENCE	Caldwell Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1209 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C M Staley, Physician (Physician or midwife)

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

Filed 9/23 19 12 John A. Meyer Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 19 19

28/-220-01X-168

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell — Registration District No. 3 — File No. 8362

No. 805 Cleveland St. Boulevard — Primary Registration District No. 1005 — Registered No. 271

Hospital no

FULL NAME OF CHILD Ada May Shafer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		6	Yes	Sept. 20, 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Shafer	Ada M. Johnson
RESIDENCE	Caldwell Idaho	Caldwell Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	25
BIRTHPLACE	Michigan	Michigan
OCCUPATION	Baker - (Bread)	Housewife

Number of child of this mother, including present birth 6 — Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John S. Meyer

Physician —

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Sept. 26 1917 John S. Meyer
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa Precinct

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 8363

Primary Registration District No. 2007 Registered No. 272

FULL NAME OF CHILD Naomi Ruth Lancaster

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.	____	____	yes	Sept. 7 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Benj. F. Lancaster	Evelyn Lane
RESIDENCE	Parma R. D. 1.	Parma R. D. 1.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	35
BIRTHPLACE	Illinois	Ill.
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1. 2. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M. D.

(Physician or midwife)

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

Filed 9/17 19 12 R. J. Green Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 3 1966
Bureau of Vital Statistics

State of Idaho
County of Canyon } ss.

Certificate No. 8363

Date Filed

The undersigned does solemnly swear that certain facts in the certificate of birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on 9-7-12 (Date of Event)
in Fargo Precinct (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by insurance pol., school record, etc. (Bible Record, Insurance Policy, Etc.) prepared on various (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Naomi Ruth Lancaster.

Subscribed and sworn to before me this 15th day of September, 1958
W. Max Lewellen W. Max Lewellen
Notary Public, residing at Caldwell, Idaho
My commission expires 6-12-62
(Seal)

Signed Evelyn M. Lancaster Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
702 So. 7th, Caldwell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of September, 1958
W. Max Lewellen W. Max Lewellen
Notary Public, residing at Caldwell, Idaho
My commission expires 6-12-58
(Seal)

Signed Evelyn Grace Horton, sister
(Signature of Any Credible Person)
103 So. Roosevelt, Boise, Idaho
(Street Address, City, State)

FORM DPH 55.155 one copy pd. rec. #66-6618.

Own Child's Birth Cert. on file: (Idaho Birth) #211441 gives full maiden name of mother as Naomi Ruth Lancaster - viewed by V.S.

APR 13 1966

State of Idaho, County of Payette, Marriage License and Certificate, married Sept. Sept. 21, 1930 at Meridian, Idaho gives full name of groom as Vernon Emmett Park and full name of bride as Naomi Ruth Lancaster - viewed by V.S.

2487017 044693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma Precinct

Registration District No. 3 File No. 8364

No. ..... St.

Primary Registration District No. 2007 Registered No. 273

Hospital .....

FULL NAME OF CHILD Frances Elizabeth Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
fem.	—	—	yes	Sept 17 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Isaac Smith	FULL MAIDEN NAME Minnie E. Wilder
RESIDENCE Parma, R. 1.	RESIDENCE Parma, R. 1.
COLOR White AGE AT LAST BIRTHDAY 26 (Years)	COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Address Parma

Given names added from a supplemental report

..... 19.....

Filed 9/28 19 17

S-Y CO. 20174

Registrar

P. J. Keuen

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 12 1963

941-227.01K127

Form V. S. No. 11-C—20m-2-16-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Registration District No. 3 — File No. 8365

Primary Registration District No. 1005 — Registered No. 274

Hospital .....

FULL NAME OF CHILD Mildred Irene Hamilton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	9 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Glen M. Hamilton	Bertha L. Aspinall
RESIDENCE	Fargo Canyon Co	Fargo Canyon Co
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	23
BIRTHPLACE	Ohio	Ohio
OCCUPATION	Teacher	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kelley

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 10/1 1912 — John A. Meyer

..... Registrar — Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1912 - 291079

843-125-04-243

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3

File No. 8367

Primary Registration District No. 1005

Registered No. 276

Hospital .....

FULL NAME OF CHILD Raymond Edward Hutsell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Sept 25 (Month) (Day) 1912 (Year)

FATHER

FULL NAME: E. R. Hutsell

RESIDENCE: Caldwell

COLOR: White

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Minnie Sutton

RESIDENCE: Caldwell

COLOR: White

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Washington

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:55 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley

Physician

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 10/1 1912

John D. Meyer

Registrar

S-Y CO. 20174

MAY 29 1962

994-701-014-284

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton

Registration District No. 3

File No. 8368

No. ____, ____ St.

Primary Registration District No. 2005

Registered No. 277

Hospital Arthur

FULL NAME OF CHILD Herman Gunnermann

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth 4th	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Sep 1st 1912

FATHER		MOTHER	
FULL NAME	August C. Gunnermann	FULL MAIDEN NAME	Katharine Schulenberger
RESIDENCE	Middleton Idaho	RESIDENCE	Middleton Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Illinoise
OCCUPATION	Contractor	OCCUPATION	House Wife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno F Lanier M. D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

.....
Registrar

Address .....

Filed 10/2 19 12 John A Meyer
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 2348
Date Filed 8/13/41

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Herman Zimmerman (Name on original certificate) who Born (Was born or died) on 9/1/1912 (Date of event)
in Middleton Ida. (Place of event) were omitted; and that, to the best of his knowledge, the true
facts as shown by Father (Bible record, insurance policy, etc.) prepared on 8/13/41 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Herman	Arthur Herman
	Zimmerman	Zimmerman

Subscribed and sworn to before me this 13th
day of August, 1941

Agnes Dunn
Notary Public, residing at Boise, Ida.
My commission expires May 8, 1945
[SEAL]

Signed A. H. Zimmerman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
3009½ 16 ave So. Boise Ida.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

FEB 25 1947

FEB 28 1947

396-214-014-719

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton

Registration District No. 3

File No. 8369

No. ____, ____ St.

Primary Registration District No. 2005

Registered No. 278

Hospital ____

FULL NAME OF CHILD Lyda Marie Crockett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2nd	yes	Sep 14 —, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter Scott Crockett	Lumma E. Phillips
RESIDENCE	Middleton Idaho	Middleton Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Colorado	Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lamer M. D.,

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 10/2 19 12 John A Meyer

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 22 1972

193-106-01K-845

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 54041

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 504, Everett St.

Hospital no

Registration District No. 3

File No. 8370

Primary Registration District No. 1005

Registered No. 279

FULL NAME OF CHILD Arthur Aitchison

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)	4	Yes	Oct. 6, 1912

FATHER		MOTHER	
FULL NAME	William Aitchison	FULL MAIDEN NAME	Ivy Ellen Yonker
RESIDENCE	Caldwell, Idaho.	RESIDENCE	Caldwell, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ontario Canada	BIRTHPLACE	Boise, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John S. Meyer

(Physician ~~or Midwife~~)

Address Caldwell, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 10/7 1912 John S. Meyer

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

PLACE OF BIRTH

23-207-014-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ——, ——— St.

Hospital No

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 3 File No. 8371

Primary Registration District No. 2005 Registered No. 280

FULL NAME OF CHILD Ethel Fern Blakley

Sex of Child female | Twin, Triplet or other? — | and Number in order of birth — | Legitimate? Yes | Date of birth Oct 7 (Month) (Day) 191 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME J.W. Blakley	FULL MAIDEN NAME Carrie Woodcock
RESIDENCE Caldwell	RESIDENCE Caldwell
COLOR White	AGE AT LAST BIRTHDAY 31 (Years)
COLOR White	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Indiana	BIRTHPLACE Neb
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 9 M. on the date above stated.

(Signature) Dr S J Miller M.D.

(Physician or Midwife)

Address Caldwell, Idaho

Filed 10/8 1912 J.S. Meyer Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

SIGN RESERVED FOR BINDING

WITH UNFADING INK—THIS IS A PERMANENT RECORD

Own child's birth certificate, Idaho #304225, gives name as Ethel Fern Blakley - - -

Statement regarding school record gives name as Ethel Fern Blakely. Dated 1927. Viewed by VS.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Canyon } ss.

Certificate No. 8371

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Blakley (Name on Original Certificate) who was born (Was Born or Died) on Oct. 7, 1912 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ethel Fern Blakley

Subscribed and sworn to before me this 28 day of December 19 60

Notary Public, residing at Caldwell, Idaho
My commission expires 12/1/64
(Seal)

Signed Mary R. Tash
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R#2 Caldwell Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 12-27-60. one copy pd. receipt #10645.

JAN 3 1961

343-206014-856

Amended 3-19-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 8372
Local Reg. No. 281
Reg. Dist. No. 3

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the Registrar where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH
a. COUNTY: Canyon
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Caldwell
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Caldwell
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Doris
b. (Middle): Evelyn
c. (Last): Cullen

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Oct. 6, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Walter
b. (Middle): F.
c. (Last): Cullen

8. AGE (At time of this birth): 27 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Neb.

10. USUAL OCCUPATION: Rancher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Susie
b. (Middle):
c. (Last): Heft

13. AGE (At time of this birth): 25 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Iowa

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. S. J. Miller

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Caldwell, Ida.

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 10/8/1912

22. REGISTRAR'S SIGNATURE: John S. Meyer

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Klamath

RECEIVED OCT 14 1964 Bureau of Vital Statistics

Certificate No. 8372

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dorice Evelyn Cullen (Name on Original Certificate) who was born (Was Born or Died) on Oct. 6, 1912 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ~~Iowa~~ Insurance Record, (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's First Name	Dorice	Doris
Full Name of Father	F. M. Cullen	Walter F. Cullen
Mother's Maiden Name	Susie Hebt	Susie Heft

Subscribed and sworn to before me this 2 day of Oct., 1964
Chas. S. De Lapp, County Clerk
Notary Public, residing at By Jane Mead, Deputy
My commission expires
(Seal)

Signed Susie Heft Cullen (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2555 Main, Klamath Falls Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Klamath } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of October, 1964
Chas. S. De Lapp, County Clerk
Notary Public, residing at By Louise Mitchell, Deputy
My commission expires
(Seal)

Signed Mrs Jannis Brast (Sister)
(Signature of Any Credible Person)
1523 Dayton St.
(Street Address, City, State)
Klam Falls, Oregon

FORM DH 60-155

CL 11-20-63. ~~nm~~ one copy pd. rec. #5542.

Not. of Birth Registration, State of Oregon, gives full name of child as Larry Gene Ash, born July 26, 1942 at Klamath Falls, Oregon to Clyde Ash and Doris Evelyn Cullin, No. 533 - viewed by V.S.

Roman Catholic Church Certificate of Baptism for Sharon Lee Flury, daughter of Clyde Ash and Doris Cullen, child born January 13, 1955, in Chambers, Neb., Baptized January 22, 1955. Viewed by V. S. (Photo copy)

Certificate of Marriage, State of Nebraska, County of Boone, photo copy of marriage certificate shows groom as Walter Floyd Cullen and bride as Susie J. Heft, married December 21, 1904 - viewed by V. S.

Federal Security Agency, Social Security Administration, Account No. 540-18-0687, photo copy of letter regarding payment of Social Security benefits for Walter Floyd Cullen, issued June 3, 1952, by D. C. Sutcliffe, Manager. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No —, — St.

Registration District No 3 File No. 8372

Primary Registration District No. 2005 Registered No. 281

Hospital No

FULL NAME OF CHILD Doris Evelyn Cullen

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	— (To be answered only in event of plural births)	—	yes	Oct 6 1912

FATHER		MOTHER	
FULL NAME	J. M. Cullen	FULL MAIDEN NAME	Susie Hebb
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Neb.	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at (Born alive or stillborn) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr S. F. Miller (M.D.)

(Physician or Midwife)

Address Caldwell Ida.

Given names added from a supplemental report

....., 19.....

Filed 10/8 1912 John S. Meyer

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 22 1965

391-203.0 #693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Caldwell

No —, — St.

Hospital No

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 3 File No. 8373

Primary Registration District No. 2005 Registered No. 282

FULL NAME OF CHILD Hazel Elizabeth Crawford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	Oct 3 — 1912

FATHER		MOTHER	
FULL NAME	C. L. Crawford	FULL MAIDEN NAME	Kate Wilson
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mo	BIRTHPLACE	Georgia
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr S. J. Miller

(Physician or Midwife)

Address Caldwell, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 10/8 1912 John A Meyer

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

29-206-07-E 593

PLACE OF BIRTH

Form V. S. No. 11-C—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 8374

County of Canyon

City of Nampa

Registration District No. 8.

No. ....., ... St.

Primary Registration District No. 1006

Registered No. 283

Hospital .....

FULL NAME OF CHILD Alva Emma Brown

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	—	—	yes	9 6 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl O. Brown	Grace Ellington
RESIDENCE	Nampa Ida	Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	19
BIRTHPLACE	Ohio	Iowa
OCCUPATION	Electrician	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive. (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Beller M.D.

D. Phys. (Physician or Midwife)

Address Nampa Ida

Filed Oct 1 1912 O B Beller M.D.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16870

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 8375

Primary Registration District No. 1006 Registered No. 284

FULL NAME OF CHILD — — Everal Lucinda Parsons

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Fem	—		—	yes	9	12	191?

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Simon A. Parsons	FULL MAIDEN NAME	Susie W. Newton
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ohio	BIRTHPLACE	Colorado
OCCUPATION	Horseman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 A. M. on the date above stated.

(Signature) O B Beller M.D.

Phys.

(Physician or Midwife)

Address Nampa Ida

Filed Oct 1 19 12 O B Beller M.D.

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO., 16670

PLACE OF BIRTH

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Canyon } ss.

Certificate No. 8375

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Parsons (female child) who was born on Sept. 12, 1912
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Nampa, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on , are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Everal Lucinda Parsons

Subscribed and sworn to before me this 16th day of October, 1963

Notary Public, residing at Nampa, Idaho.
My commission expires May 21, 1966.
(Seal)

Signed Lucinda D. Parsons
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 9-24-63. nm

Copyed #11603

10-18-63

Statement from school records, issued by Nampa Senior High School, signed by Mrs. Roberta Showalter, Registrar on September 23, 1963. Record gives name of child as Everal Lucinda Parsons, born September 12, 1912, Graduated on May 29, 1930. Viewed by V. S.

Photo copy of Bible record, notorized by Richard L. Riordan of Nampa, Idaho, gives name of child as Everal Lucinda Parsons, born September 12, 1912, at Nampa, Idaho. Bible record dated as far back as 1907 (Obviously Old). Viewed by V. S.

OCT 17 1963

153-221-01-4113

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 15-C—Rev. 6-30-41

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 1003 File No. 8376

No. ____, ____ St.

Primary Registration District No. 1006 Registered No. 285

Hospital ____

FULL NAME OF CHILD MABEL MAE DeCoursey

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	— (To be answered only in event of plural births)	—	Yes	9, 21, 1912

FATHER		MOTHER	
FULL NAME	Thomas M DeCoursey	FULL MAIDEN NAME	Mae Jackson
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Beller M.D.

Physician

(Physician or Midwife)

Address Nampa Ida,

Filed Oct 1, 1912 O. B. Beller

Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

3-28-67

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of CANYON }

Certificate No. 8376

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed De Coursey (Name on Original Certificate) who was born (Was Born or Died) on Sept. 21, 1912 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed De Coursey	Mabel Mae

Subscribed and sworn to before me this 12 day of April, 1967

Richard E. Sharp

Notary Public, residing at Boise Idaho

My commission expires 11-25-67

(Seal)

Signed Julia Mae DeCourcy (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of CANYON }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of April, 1967

Richard E. Sharp

Notary Public, residing at Boise Idaho

My commission expires 11-25-67

(Seal)

Signed Margaret Cannon
(Signature of Any Credible Person)

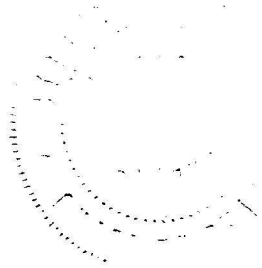
110-12th Ave So. Nampa
(Street Address, City, State)

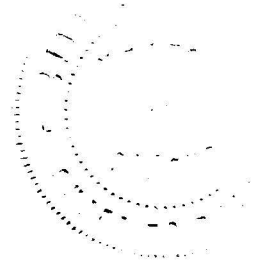
FORM DH 60-155

APR 20 1967

Bible Record gives name of child as Mabel Mae DeCoursey born Sept. 21, 1912 in Canyon County, Idaho. Father - Thomas Milton DeCoursey Mother- Julia Mae Jackson. Bible obviously old
Viewed by V. S.

Mabel Mae DeCoursey is the name given on Nampa High School Diploma issued May 29, 1930 by J. E. Walsh, Principal.
Viewed by V. S.





MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

36K-128-[illegible]

Form V. S. No. 11-C Rev. 1-41

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ____, ____ St.

Hospital ____

Registration District No. 3 — File No. 8377

Primary Registration District No. 1006 — Registered No. 286

FULL NAME OF CHILD Fredrick G. Courtner

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)	—	yes	9, 28, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank C Courtner	Anna Metcalf
RESIDENCE	Nampa Ida	Nampa Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 39	White / 38
BIRTHPLACE	Missouri	Iowa
OCCUPATION	Surveyor	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. (Born alive or stillborn) at 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Beller M.D.

(Physician or Midwife)

Address Nampa Idaho

Filed Oct 1 19 17 O. B. Beller M.D. Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

855 16 OK 165

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 3 File No. 8378

No. ____, ____ St.

Primary Registration District No. 1006 Registered No. 287

Hospital ____

FULL NAME OF CHILD Edmond Ellis Henderson

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	yes	9, 16, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel N. Henderson	Mary E. Sweringer
RESIDENCE	Nampa Ida.	Nampa Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	30
BIRTHPLACE	Nebraska	Nebraska
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Beller M.D.

P. Phys. (Physician or Midwife)

Address Nampa Ida.

Given names added from a supplemental report

....., 19.....

*

Registrar

Filed Oct 7 19 12 O. B. Beller, M.D. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

84K 193.0 398

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-0 Rev. 5-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 1013

File No. 8379

No. ____, ____ St.

Primary Registration District No. 1006

Registered No. 288

Hospital ____

FULL NAME OF CHILD Earnest Hudson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	____	____	Yes	9, 3, 1917

	FATHER	MOTHER
FULL NAME	Earnest E. Hudson	FULL MAIDEN NAME Ellen Bryant
RESIDENCE	Nampa Ida	RESIDENCE Nampa Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years) 24
BIRTHPLACE	New York N.Y.	BIRTHPLACE England
OCCUPATION	Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

(Signature) O. B. Beller M.D.

Physician (Physician or Midwife)

Address Nampa Ida

Filed Oct 2 19 17 O. B. Beller M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

V32-203-a4293

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Amended 4/15/77

County of Canyon

City of Nampa

No. 10 6th St.

Hospital X

Registration District No. 3

Primary Registration District No. 1006

File No. 8380

Registered No. 289

FULL NAME OF CHILD > Vera Roberta McKee

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	X (To be answered only in event of plural births)	X	Yes	Aug 3, 1912

FATHER		MOTHER	
FULL NAME	H. P. McKee	FULL MAIDEN NAME	Vera Billings
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Peru.	BIRTHPLACE	Kansas
OCCUPATION	Grocer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2-00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician (Physician or Midwife)

Address 4-3 11th Ave S

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct 9 1912 O. B. Bell M.D.

Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

4/11/77

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 8380

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed McKee (Name on Original Certificate) who was born (Was Born or Died) on August 3, 1912 (Date of Event)

in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed McKee	Vera Roberta McKee

Subscribed and sworn to before me this 13th day of April, 1977.

Notary Public, residing at Nampa, Id

My commission expires 1-79

(Seal)

X Signed Wesley L. Steele
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

X 821 Lone Star Rd
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of April, 1977.

Notary Public, residing at Nampa Idaho

My commission expires 9-1-79

(Seal)

Signed Frank C. Bevington
(Signature of Any Credible Person)

412-22ND AVE. So NAMPA, IDA
(Street Address, City, State)

High school Diploma from Nampa High schoo, Nampa, ~~Ida~~ Idaho gives name as Vera Roberts McKee. dated ~~Mar~~ May 28, 1931. viewed by V. S.

APR 15 1977

Marriage License from Idaho gives groom's name as Glen Hamton Showalter and the ~~bri~~ bride's name as Vera Roberta McKee. dated Oct 20, 1933. viewed by V. S.

APR 15 2 04 PM '77
RECEIVED

151-125 ID X-315

PLACE OF BIRTH

Form V. S. No. 11-C—16m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 103 12th Ave So.

Registration District No. 3. File No. 8381

Primary Registration District No. 1006 Registered No. 290

Hospital x

FULL NAME OF CHILD Jesus Anacabe

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	x	x	Yes	Aug 25 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jose M. Anacabe	FULL MAIDEN NAME	Angela Lanciriew
RESIDENCE	Nampa	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Hotel Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. Murray

Physician (Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct 2 19 12 O. B. Beller M.D.

Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Rev. 6-41

235-104-01K-239

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 1003 File No. 8382

No. 1 mile N W of city

Primary Registration District No. 2006 Registered No. 291

Hospital X

FULL NAME OF CHILD X James Alfred Stewart

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	X	X	yes	Aug 4 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	P. A. Stewart	May Strickler
RESIDENCE	Nampa Ida	Nampa Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	20
BIRTHPLACE	Oregon	Montana
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8-10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Murray

Physician

(Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 2 19 12 O. B. Bell M.D.

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. No. 11-C

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 1 0 0 3

8382

CASE OF BIRTH

Re

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ } ss.
County of _____ }

Certificate No. 8382

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	James Alfred Stewart

Subscribed and sworn to before me this 25
day of _____, 19 44

_____
Notary Public, residing at _____

My commission expires 1-4-47
(Seal)

Signed P. A. Stewart
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

_____
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 ____

_____
Notary Public, residing at _____

My commission expires _____
(Seal)

Signed May Stewart
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

NOV 6 1974

JAN 2 6 1944

648-17-04-396

PLACE OF BIRTH

Form V. S. No. 11C-Man-400-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of 7 Miles South Nampa Registration District No. 1008 File No. 8383

No. ____, ____ St. Primary Registration District No. 2006 Registered No. 292

Hospital ____

FULL NAME OF CHILD — Horace Edgar Fuhriman

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Boy	✓	×		Aug	17	1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank M Fuhriman	Maude Brown
RESIDENCE	7 Miles South Nampa	7 mi. South Nampa
COLOR	white	White
AGE AT LAST BIRTHDAY (Years)	39	34
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Reported by the Father of Child.

(Physician or Midwife)

Address 7 Miles South + East of Nampa

Filed Dec 2 19 12 O B Beller M.D.

Registrar

Given names added from a supplemental report

____, 19____

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 21 1974

947-12-014942

PLACE OF BIRTH Amended 3 4 71

Form V. S. No. 11-C—1bm-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa Registration District No. 1003 File No. 8384

No. 5 miles N.E. of Nampa St. Primary Registration District No. 2006 Registered No. 293

Hospital —

FULL NAME OF CHILD Harry Ernest Rupert

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X (To be answered only in event of plural births)	X	Yes	Sept 21, 1912

FATHER		MOTHER	
FULL NAME	Jno D. Rupert	FULL MAIDEN NAME	Carrie Ruble
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Penna	BIRTHPLACE	Penna
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Murray

Physician (Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct 3 19 12 O. B. Bellar M.D.

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of .....

RECEIVED
MAR - 4 1971
Bureau of Vital Statistics

Certificate No. 8384

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ernest Rupert (Name on Original Certificate) who was born (Was Born or Died) on Sept. 21, 1912 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Ernest Rupert	Harry Ernest Rupert

Subscribed and sworn to before me this 4th day of March, 19 71

Florence Curtright

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed Mary R. Rupert
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 1 Nampa Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
..... , 19 .....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

In office 1-26-68.

FORM DH 60-155

Social Security Card, #518-14-0302, dated Jan. 17, 1938 gives full name as Harry Ernest Rupert - viewed by V.S.

Child's Birth Cert. on file: (Idaho Birth) #249039 gives full name of father as Harry Ernest Rupert - viewed by V.S.

MAR 4 1971

893-221-014-36

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of

No. , St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 8385

Primary Registration District No. 1006 Registered No. 294

FULL NAME OF CHILD Girl Hill

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	no	4	Yes	9 / 21 / 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm L. Hill	Perla Conaway
RESIDENCE	Near Nampa, Ida.	Near Nampa Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	34
BIRTHPLACE	Ind	Ind
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (lived 4 hrs.) at 8 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Calonge M.D.

Phys.

(Physician or Midwife)

Address Nampa Ida

Given names added from a supplemental report

19 Death reported at date Oct 2 19 12 C. B. Dellinger M.D.

Registrar Registrar

S-Y CO. 16970

This was Premature birth due to injury & shock

681-126-ORK 84

Form V. S. No. 11-C—10m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 8. File No. 8386

Primary Registration District No. 1006 Registered No. 295

FULL NAME OF CHILD Robert James O'Hara

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	~~Twin~~		3	Yes	9/26, 191.2

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Martin J. O'Hara	FULL MAIDEN NAME	Anna Irene McDonough
RESIDENCE	Nampa, Ida	RESIDENCE	Nampa, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ireland	BIRTHPLACE	Minneapolis, Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth... 3

Number of children, of this mother, now living, including present birth... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 A.M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. D. Calcutt M.D.

Phys.

(Physician or Midwife)

Address Nampa Ida

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed Oct 5 19.12 O. B. Beller M.D.

Registrar

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Canyon }

Certificate No.
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for O'Hara (Name on original certificate) who was born (Was born or died) on September 26, 1912, (Date of event)
in Canyon County, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible record prepared by parents of child on xxxxxxx September 26, 1912. (Bible record, insurance policy, etc.) (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name of child	O'Hara	Robert James O'Hara
Name of Mother	Finnegan	Anna Irene McDonough
Birth place of Mother	Ireland	Minneapolis, Minnesota.
Birth place of Father	Minn.	Ireland.

Subscribed and sworn to before me this 27th day of June, 1941

Notary Public, residing at Nampa, Idaho.
My commission expires May 8, 1943
[SEAL]

Signed Martin Joseph O'Hara
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
R.F.D. #1 Melba Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Canyon }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of June, 1941

Notary Public, residing at Nampa Ida
My commission expires June 8 1943
[SEAL]

Signed Anna Irene O'Hara.
(Signature of any credible person other than the previous affiant)
R.F.D. #1 Melba Idaho.
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

4 30 41

864/10.01-913

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Nampa

*No.*_____, _____ *St.*

Hospital _____

Registration District No. 3 **File No.** 8387

Primary Registration District No. 1006 **Registered No.** 296

FULL NAME OF CHILD Amos J Yoder

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	no	1	yes	Sept 10, 1912

FATHER		MOTHER	
FULL NAME	Lyman A Yoder	FULL MAIDEN NAME	Melissa Palstone
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Oil-employe	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Caesarean Section Alive, at 12 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. Calonge M.D.

Physician

(Physician or Midwife)

Address Nampa Ida.

Given names added from a supplemental report

_____, 19____

_____ *Registrar*

Filed Oct 5 1912 O. B. Beller *Registrar*

S-Y CO., 16670

MAR 3 0 1972

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ____, ____ St.

Hospital ____

Registration District No. 1003

Primary Registration District No. 1006

File No. 8388

Registered No. 297

FULL NAME OF CHILD Ulrich, Violet Luella

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	No	2	Yes	9/12 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter Ulrich	Duretta Pallaer
RESIDENCE	Nampa Ida	Nampa, Ida,
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	23
BIRTHPLACE	A. Ill	Kans.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 P.M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Calanger M.D. Phys (Physician or Midwife)

Address Nampa Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 5 1912 O B Beller M.D. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

Family bible record, obviously old, gives name as Violet Luella Ulrich. Viewed by V. S.
Certificate of Baptism, July 24, 1932 gives full name as Violet Luella Ulrich, baptized by H.J. Wesseling, Minister of the Gospel - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 8388

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ulrich (Name on Original Certificate) who was born (Was Born or Died) on September 12, 1912 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child s name	Ulrich	Violet Luella Ulrich

Subscribed and sworn to before me this 28 day of Sept, 1959

Notary Public, residing at Eagle, Idaho
My commission expires Sept 28 1960
(Seal)

Signed Violet Luella Edwards
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Wilder, Idaho. Route 1.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of Sept, 1959

Notary Public, residing at Eagle, Idaho
My commission expires Sept 28 1960
(Seal)

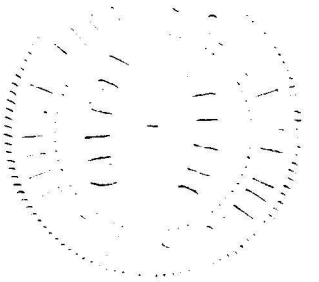
Signed Mrs. N. P. Ulrich
(Signature of Any Credible Person)

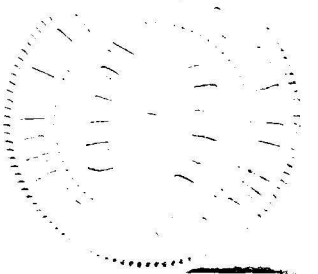
Rt #1 Caldwell, Idaho
(Street Address, City, State)

FORM DPH 55.155

1 Copy Paid

OCT 7 1959





286-220101K-315

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ____, ____ St.

Registration District No. 3 File No. 8389

Primary Registration District No. 1006 Registered No. 298

Hospital

FULL NAME OF CHILD Mildred Shawalter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	No	2	Yes	9/20, 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Kenneth Shawalter	May Sandy
RESIDENCE	Nampa Ida	Nampa Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 30	White / 29
BIRTHPLACE	Va.	Mo.
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. Calouya M.D.

(Physician or Midwife)

Address Nampa Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct 5 19 12 A. B. Beller M.D.

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 2 8 1945

49-103-0[illegible]-365

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1003 File No. 8390

Primary Registration District No. 2006 Registered No. 299

FULL NAME OF CHILD Diggs

Sex of Child Male | Twin, Triplet, or other? No | and Number in order of birth 1 | Legitimate? Yes | Date of birth Aug 3 (Month), (Day), 1912 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Homer Diggs	FULL MAIDEN NAME Lottie Coe
RESIDENCE	Near Nampa Ida	RESIDENCE Near Nampa
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE Mich
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. V. Calaway M.D.

(Physician or Midwife)

Address Nampa Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 10/5/19.12 O B Bellew M.D.

Registrar

S-Y CO., 16670

266-207-01-K-790

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 1003 File No. 8391

No. ____, ____ St.

Primary Registration District No. 1006 Registered No. 300

Hospital ____

FULL NAME OF CHILD Rachel R. Bowen

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	No	1	Yes	Aug 7, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robt Bowen	FULL MAIDEN NAME	Dorothy Grant
RESIDENCE	Near Nampa Ida	RESIDENCE	Near Nampa Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ida.	BIRTHPLACE	Mass.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Calonge M.D.

Phys.

(Physician or Midwife)

Address Nampa Ida

Given names added from a supplemental report

....., 19.....

Filed 10/5/19.12 O. B. Bellar M.D.

Registrar

Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 2 1 1971

MAY 1 1974

4-23-74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JUN 10 4 13 PH '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Mult

Certificate No. 8391

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Bown (Name on Original Certificate) who was born (Was Born or Died) on Aug. 7, 1912 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full name of child	Omitted	Rachel Roberta Bown

Subscribed and sworn to before me this 31st day of May, 19 74

Notary Public, residing at 4600 S.E. Woodstock-Portland
My commission expires My commission expires February 14, 1977
(Seal)

Signed X Mrs. P. L. Bown
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5307 S.E. 46 Portland Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of June, 19 74

Notary Public, residing at Portland Or
My commission expires 7-11-74
(Seal)

Signed Doris E. Hensley
(Signature of Any Credible Person)

5307 SE 46 Portland Ore
(Street Address, City, State)

Form PH 60-155 Correction corresp. 1 copy pd Rec. # 3983 (B)

Letter from Portland Public Schools gives name as Rachel Bown. date of birth is given as Aug. 7, 1912. born in Nampa, Idaho. signed by Glenn E. Hill, Principal viewed by V. S.

JUN 11 1974

Marrige record from Washington gives groom's name as Glen V. Fisher. and the bride's name as Rachel R. Bown. dated July 12, 1930. viewed by V. S.

812-125-014-719

PLACE OF BIRTH

County of Canyon

City of _____

No. _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 1003 File No. 8392

Primary Registration District No. 1006 Registered No. 301

FULL NAME OF CHILD Hostetler

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	no	1	Yes	Aug 25 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	David Hostetler	FULL MAIDEN NAME Bessie Parks
RESIDENCE	Near Nampa Ida.	RESIDENCE Near Nampa Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE Ark.
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. D. Calonge M.D.

Phys. (Physician or Midwife)

Address Nampa Ida

Given names added from a supplemental report

....., 19.....

Filed Oct 5 19 12 O B Bell M.D. Registrar

.....

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

313-208-04-356

PLACE OF BIRTH AMENDED FEB. 23, 1951

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of CANYON

City of NAMPA

No. _____ St.

Registration District No. 3 File No. 8393

Hospital _____ Primary Registration District No. 1006 Registered No. 302

FULL NAME OF CHILD ISABEL CHERIE LA LANDE
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
FEMALE		7	YES	AUG. 9 12

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

FATHER	MOTHER
FULL NAME: ULRICH LA LANDE	FULL MAIDEN NAME: CLAUDIA TEAUGHT
RESIDENCE: NAMPA, IDAHO	RESIDENCE: NAMPA, IDAHO
COLOR: WHITE	COLOR: WHITE
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: CANADA	BIRTHPLACE: CANADA
OCCUPATION: PROP. CLEANING WORKS	OCCUPATION: HOUSEWIFE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was BORN ALIVE (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. CALOUZU M.D.

_____
(Physician or midwife)

Address _____

Give names added from a supplemental report.

_____, 192_____

_____
Registrar.

Filed OCT. 5 1912 O. B. BELLER M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 23 1951
VISION OF VITAL
STATI

A F F I D A V I T

STATE OF IDAHO,)
)
County of Canyon,)

CLAUDIA LA LANDE, being first duly sworn, deposes and says:

That she is the person named as mother in the photostatic copy of a certificate of birth filed in the Idaho Department of Public Health under Title 30, Idaho Code; which copy is attached hereto and made a part hereof;

That in said certificate the full name of child should be Isabel Cherie La Lande; and that the sex of child should be female.

Claudia La Lande.

Subscribed and sworn to before me this 16th day of February, 1951.

Notary Public for Idaho,
Residing at Nampa, Idaho.

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 8393

Primary Registration District No. 1006 Registered No. 302

FULL NAME OF CHILD ~~ISABELLE~~ La Lande

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	no	7	Yes	Aug 9, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ulrech La Lande	Claudia Haught
RESIDENCE	Nampa Ida	Nampa Ida,
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	26
BIRTHPLACE	Canada	Canada
OCCUPATION	Rep. Channing Ware	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. D. Calaway M.D.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____ 19____

Registrar

Filed Oct 5 1912 O. B. Bellerive

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 26 1951

FEB 12 1951

SEP 18 1992

693-108-014-864

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ____, ____ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 8394

Primary Registration District No. 1006 Registered No. 303

FULL NAME OF CHILD Charles Rosebrook Wilson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	no	6	Yes	Aug 8, 1912

	FATHER	MOTHER
FULL NAME	Jas Wilson	Laura Youngblood
RESIDENCE	Nampa Ida.	Nampa Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	32
BIRTHPLACE	Mo	Mo.
OCCUPATION	RR Employe	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Coleman M.D.

Phys (Physician or Midwife)

Address Nampa Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct 5 1912 O B Beller M.D.

Registrar

S-Y CO., 16670

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 18 11 02 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 8394

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Wilson (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 8, 1912 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Charles Albertine Rosebrook Wilson

Subscribed and sworn to before me this 13TH day of MARCH 1974

Notary Public, residing at 527 NW 23RD CORVALLIS, ORE.

My commission expires 3/14/77

(Seal)

Signed Charles Albertine Rosebrook Wilson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

828 NW 12TH St. Corvallis, Ore. 97330
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON } ss.
County of Benton }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of March 1974

Notary Public, residing at 527 NW 23rd Corvallis, Ore.

My commission expires 3/14/77

(Seal)

Signed Charles Albertine Rosebrook Wilson
(Signature of Any Credible Person)

828 NW 12th St. Corvallis, Ore.
(Street Address, City, State)

FORM DH 60-155 CL 3/11/74

Own childs birth certificate gives name of father as Charles Rosebrook Wilson born August 8, 1912 in Nampa, Idaho. Child bornDecember 12, 1948 in Corvallis, Oregon. Hospital # 17008.

APR 4 1974

Certificate of Marriage certifies that on the 13th day of April 1938, at Vancouver, Washington Charles R. Wil son married Myrtle Elva McFarlnad, Oregon.
Viewed by V.S.

419-010-0-K 795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of _____

No. _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—45m-6-20-11

Registration District No. 1003

File No. 8395

Primary Registration District No. 1006

Registered No. 304

FULL NAME OF CHILD Lora A. Maratta

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	no	3	yes	Aug 10, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Antoine Maratta	Hulda Vincenton
RESIDENCE	Near Nampa Ida	Near Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	38
BIRTHPLACE	Mo	Ind
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P.M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Calonge MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Oct 5 19 12 P. B. Beller M.D.

Registrar

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Illinois } ss.
County of Macon }

MAR 27 1944

Certificate No. 8395

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for Unnamed (Name on Original Certificate) who born (Was Born or Died) on August 10, 1912 (Date of Event)
in Nampa, Idaho (Place of Event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lona A. Marotte

Subscribed and sworn to before me this 23rd day of March, 1944

Notary Public, residing at Decatur, Ill

My commission expires Nov 7- 1947
(Seal)

Signed Anton Marotte (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

555 So Broadway Decatur Ill
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Illinois } ss.
County of Macon }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of March, 1944

Notary Public, residing at Decatur Ill

My commission expires Nov. 7, - 1947
(Seal)

Signed Mrs. Ralph E. Gebhardt
(Signature of Any Credible Person Other Than Previous Year)

431 So 20th, Decatur, Ill
(Street Address, City, State)

APR 7 1944

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15

Primary Registration District No. 1008

File No. 8396

Registered No. 275

FULL NAME OF CHILD Lucile Lola L. Lloyd

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem		2	Yes	Sept 2nd 1912

FATHER		MOTHER	
FULL NAME	John Lloyd	FULL MAIDEN NAME	Nellie Entsler
RESIDENCE	Moscow	RESIDENCE	Moscow Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Wash	COLOR	White
OCCUPATION	Telephone Lineman	AGE AT LAST BIRTHDAY (Years)	23
		BIRTHPLACE	Wash.
		OCCUPATION	Home Keeping

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Left 2d (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Cedarleaf M.D.

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

....., 19.....

Filed Sep 20 1912 D. F. Rae

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued Feb. 14, 1941. B.W.

194-108-009-795

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 8397

Primary Registration District No. 1008 Registered No. 272

FULL NAME OF CHILD Walt Loren Armstrong

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3	Yes	Sept 8 1912

FATHER		MOTHER	
FULL NAME	Thos Armstrong	FULL MAIDEN NAME	Myrtle Gregory
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	AGE AT LAST BIRTHDAY	32 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ark	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Home Keeping

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a Sept 8 (Born alive or stillborn) at 6:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair MD

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept 20 1912

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

962-241079-464

PLACE OF BIRTH

County of Lolah

City of Juliaetta

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form C. S. No. 11-C—15m-6-30-11

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 8398

Primary Registration District No. 2127 Registered No. 287

FULL NAME OF CHILD not named.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	—	—	Yes	Sept. 14, 191—

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William B. Robinson.	Mattie E. Dodson
RESIDENCE	Juliaetta, Ida.	Juliaetta Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	White. 23	White 23
BIRTHPLACE	Colfax, Wash.	Austin, Wash
OCCUPATION	Barber.	Housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive. at 6. P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Rae M.D.

Physician
(Physician or Midwife)

Address Juliaetta, Ida.

Given names added from a supplemental report

....., 19.....

Filed Sept 15 19 12 S. A. Rae

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

793-221-029-318

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Genesee

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15 — File No. 8399

Primary Registration District No 2063 — Registered No. 288

FULL NAME OF CHILD Gertrude Hazel Pitman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	Sept. 21 1912

FATHER		MOTHER	
FULL NAME	Jesse Pitman	FULL MAIDEN NAME	Lottie Taylor
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	No. Dakota
OCCUPATION	Laborer	OCCUPATION	Home wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) J. M. McCall

Physician

(Physician or Midwife)

Address Genesee Idaho.

Filed 9-22 1912 W. N. Coburn Registrar

SYMS - YORK CO., PTRS. & SDRS. 17328

K

JUN 17 1943

DECEASED

493-022-0029-314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-41

PLACE OF BIRTH

County of Latah

City of Genesee

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 8400

Primary Registration District No. 2063 Registered No. 289

FULL NAME OF CHILD Mary Ellen Miller

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	(To be answered only in event of plural births)	Yes	Sept 22 191

FATHER

FULL NAME: Christin Miller

RESIDENCE: Genesee Idaho

COLOR: white AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Wisconsin

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Effie Evelyn Lambert

RESIDENCE: Genesee Idaho.

COLOR: white AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Idaho

OCCUPATION: House - wife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. M. McCall, M.D.

Physician
(Physician or Midwife)

Address Genesee Idaho.

Filed 9-22 1942 G. T. Eckert

BYNS - YORK CO., PTRS. & STNRS. 17926

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a separate CERTIFICATE OF BIRTH must be made for each and the number

154-125-029-154

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8401

County of Latah

City of Genesee

Registration District No. 15

File No.

No. St.

Primary Registration District No. 2063

Registered No. 290

Hospital

FULL NAME OF CHILD Palmer Marion Anderson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	9 25 1912

FATHER		MOTHER	
FULL NAME	Tom Anderson	FULL MAIDEN NAME	Mary Anderson
RESIDENCE	Farm	RESIDENCE	Farm
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Eckert M D

(Physician or midwife)

Address Genesee

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 9-25 1912 W. T. Eckert
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-18-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

City of

No.

Hospital

FULL NAME

Sex of Child

FULL

FOR BINDING

THIS IS A PERMANENT RECORD

RETURN must be made for each and this number

344-128-029962

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 8402

Primary Registration District No. 2963 Registered No. 291

FULL NAME OF CHILD Arthur Carl Ludwig

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	9 28 1912

FATHER		MOTHER	
FULL NAME	Henry Ludwig	FULL MAIDEN NAME	Emma Rosenau
RESIDENCE	Farm	RESIDENCE	Farm
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Germany	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR ~~MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6a M. on the date above stated.

(Signature) Wm. Ohem M.D.

(Physician or ~~midwife~~)

Address Genesee

Filed 9-30 1912 Wm. Ohem Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Rev-2-15-32

452-125-029-238

PLACE OF BIRTH

County of Latah

City of Genesee

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15

File No. 8404

Primary Registration District No. 2063

Registered No. 295

FULL NAME OF CHILD Arthur John Meschefske

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	9 25 1917

FATHER		MOTHER	
FULL NAME	John Meschefske	FULL MAIDEN NAME	Frieda Schultz
RESIDENCE	Farm	RESIDENCE	Farm
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Wis.
OCCUPATION	Farmer	OCCUPATION	Housefu[illegible]

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Ehrem

(Physician or Midwife)

Address Genesee

Given names added from a supplemental report

....., 19.....

Registrar

Filed 9-25 1917 W. F. Ehrem

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 7 1942

MAR 5 1942

695-217-029-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Kootenai

City of Kendrick

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 8405

Primary Registration District No. 2064 / Registered No. 286

FULL NAME OF CHILD Shirley Elizabeth Frederickson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	Sept. 17 1912

FATHER	MOTHER
FULL NAME Frank Frederickson	FULL MAIDEN NAME Alva Smith
RESIDENCE near Kendrick	RESIDENCE Same
COLOR White AGE AT LAST BIRTHDAY 25 (Years)	COLOR W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Minnesota
OCCUPATION farmer	OCCUPATION housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Hoyt M.D.

(Physician or Midwife)

Address Kendrick Idaho

Given names added from a supplemental report

....., 19.....

Filed Sep 17 1912 J E Hoyt

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

DEC 17 1963

168-115-029-214

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Kendrick (near)

Registration District No 13 File No. 8406

No ....., ... St.

Primary Registration District No. 2064 Registered No. 285

Hospital .....

FULL NAME OF CHILD Clarence Albert Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Sept 15 1912

FATHER		MOTHER	
FULL NAME	Elof R Johnson	FULL MAIDEN NAME	Anna Syverson
RESIDENCE	near Kendrick	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	S. Dak	BIRTHPLACE	Norway
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth ..... one

Number of children, of this mother, now living, including present birth ..... one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt M.D.

(Physician or Midwife)

Address Kendrick Ida

Given names added from a supplemental report

..... 19.....

Filed Sep 16 19 12 J E Hoyt Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

DECEASED

153-24-0279695

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Troy

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15 File No. 8407

Primary Registration District No. 2065 Registered No. 280

FULL NAME OF CHILD George Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 24 1912

	FATHER	MOTHER
FULL NAME	Wells John Nelson	FULL MAIDEN NAME Ida Freed
RESIDENCE	Troy Idaho	RESIDENCE Troy Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE Sweden
OCCUPATION	Farmer	OCCUPATION Home Wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. Aug 24, 1912 at 10.9 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Sam Lewis

Midwife (Physician or Midwife)

Address Troy Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 3 1912 J. Wilson Registrar

.....

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 26 1954

239-201-029.854

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Troy

No ..... St.

Hospital .....

Registration District No 15 File No 8408

Primary Registration District No 2065 Registered No 279

FULL NAME OF CHILD Ethel Nova Strohm

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept 1 1912

FATHER	MOTHER
FULL NAME Geo. W. Strohm	FULL MAIDEN NAME Hilda Hedrick
RESIDENCE Troy Idaho	RESIDENCE Troy Idaho
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
COLOR White	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Topek Kansas	BIRTHPLACE Moscow Idaho
OCCUPATION Farmer	OCCUPATION Home Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive Sept 1 — 1912, at 11 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Olson M D

(Physician or Midwife)

Address Troy Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 2 1912 J W Olson

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

JAN 18 1954

843-116-029-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

8408

PLACE OF BIRTH

County of Latah

City of Troy

No ____, ____ St.

Hospital ____

Registration District No 15 File No. ____

Primary Registration District No. 2065 Registered No. 282

FULL NAME OF CHILD Raymond Hatfield WILSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Aug 16, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ewing Hatfield	Minnie Brooks
RESIDENCE	Troy Idaho	Troy Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	37 (Years)	37 (Years)
BIRTHPLACE	Ky	Kansas
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Aug 16 1912, at 11 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Strain M. D.

Physician
(Physician or Midwife)

Given names added from a supplemental report

____, 19____

Address ____

Filed Sept 7 1912 J. W. Olson
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

Registrar

APR 28 1943

666-201-022-485

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

8410

Registration District No. 15 File No. .....

Primary Registration District No. 2065 Registered No. 251

FULL NAME OF CHILD Bernice B Woodruff

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Apr 1 1912

FATHER		MOTHER	
FULL NAME	Chester R Woodruff	FULL MAIDEN NAME	Elvina Dyer
RESIDENCE	Troy Idaho	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Tenn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Apr 1 1912 (Born alive or stillborn) at 9 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Strain

Physician (Physician or Midwife)

Address Troy Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 5 1912 J M Wilson Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

FEB 20 1970

296-222-029-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 8411

Primary Registration District No. 2065 Registered No. 283

FULL NAME OF CHILD Irene Maud Brooks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug 22 1912

FATHER	MOTHER
FULL NAME Elmer F Brooks	FULL MAIDEN NAME Myra M. Watson
RESIDENCE Troy Idaho	RESIDENCE Troy Idaho
COLOR White. AGE AT LAST BIRTHDAY 26 (Years)	COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Indiana
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. Aug 22 1912, at 7 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Strain

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Sept 7 1912 J. W. Watson

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. .....

.....

.....

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235-10-9-029-396

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Troy

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 8412

Primary Registration District No. 2065 Registered No. 284

FULL NAME OF CHILD Clarence Frederick Strebsmith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Sept 19, 1912

	FATHER	MOTHER
FULL NAME	Benjamin Franklin Strebsmith	FULL MAIDEN NAME: Hazel V. Grant
RESIDENCE	Troy Idaho	Troy Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	24
BIRTHPLACE	Iowa	Ind.
OCCUPATION	Farmer	Home Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Sept 19 1912 at 1:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Wolson

(Physician or Midwife)

Address Troy Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 19 1912 J. W. Wolson

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MAR 12 1958

396-211-029-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Driskill Ridge- Troy- Registration District No. 75 File No. 8413

No. ____, ____ St. Primary Registration District No. 2062 Registered No. 268

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

FULL NAME OF CHILD EVA JANE TROUT

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes-	Aug. 11, 1912.

FATHER		MOTHER	
FULL NAME	L. V. Trout	FULL MAIDEN NAME	Bessie Jane Stanford
RESIDENCE	Driskill Ridge Troy	RESIDENCE	Driskill Ridge Troy
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Indiana	BIRTHPLACE	Idaho.
OCCUPATION	Farmer-	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gilman M.D.

Physician

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

____, 19____

Filed Sept 25 19 2 D. F. Ra—

Registrar

S-Y CO., 16670

Registrar

Form V. S. No. 27B—1M-6-20-11.

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

8413

SUPPLEMENTAL REPORT OF BIRTH

Registered Number, 268

Registration District No. 15

Place of Birth

City Moscow

Street and House No.

County Latah

Sex of Child Female

Date of Birth, Aug (Month) 11 (Day) 191 2 (Year)

Full name of Father L E Grout

Full maiden name of Mother Bessie L Stanford

I HEREBY CERTIFY that the child described herein has been named:

Evylane Grout
(Given name in full) (Surname)

as reported by Father
(Father or Mother)

L E Grout
(Local Registrar)

S-Y CO. 16659

MAY 28 1942

433-219-029-862

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

PLACE OF BIRTH

County of Latah

City of Blaine

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 8414

Primary Registration District No. 2062 Registered No. 278

FULL NAME OF CHILD. MINOLA Geneva Mc Garvey

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept. 19 1912

FATHER		MOTHER	
FULL NAME	Manson Mc Garvey	FULL MAIDEN NAME	Martha A. Hobart
RESIDENCE	Blaine	RESIDENCE	Blaine
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gilman M.D.

Physician (Physician or midwife)

Address Moscow

Given names added from a supplemental report

....., 19.....

Filed Sept 25 1912 S. F. Rae Registrar

.....
Registrar

S-Y CO. 20174

MAY 2 1944

259-113-029-344

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Idaho 5-30-11

Registration District No. 15

File No. 8415

Primary Registration District No. 1088

Registered No. 276

FULL NAME OF CHILD Jennie E. Bergseth

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		1	Yes	July 13 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Helmer E. Bergseth	Lena Lunas
RESIDENCE	Moscow Idaho	Moscow Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	28
BIRTHPLACE	Wis.	N. Dak
OCCUPATION	Machinist	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) July 13 1912, at 10 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair M.D.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

Registrar

Aug 20 1912

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 11 1942

414-202-029-331

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

Form No. 8 No. 11 C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15

File No. 8416

Primary Registration District No. 1008

Registered No. 214

FULL NAME OF CHILD Bertha Mangham

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem		2	Yes	Sept 2, 1912

FATHER	MOTHER
FULL NAME John R. Mangham	FULL MAIDEN NAME Lena C. Clark
RESIDENCE Moscow Idaho	RESIDENCE Moscow Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Utah
OCCUPATION Dairyman	OCCUPATION Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Sept 2nd (Born alive or stillborn) at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair M.D.

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept 19 1912

D. F. Coe

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 27 1955

413-110-029-314

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Hospital Asprey

Form V. S. No. 11-0 Rev. 6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15

File No. 8417

Primary Registration District No. 1008

Registered No. 2-77

FULL NAME OF CHILD JOHN ALMON Mackintosh

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male.	and		Yes.	Sept. 10th 1912. (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Daniel Thomas A. Mackintosh	FULL MAIDEN NAME: Minnie Henrietta Lauterback
RESIDENCE: Moscow.	RESIDENCE: Moscow.
COLOR: White.	COLOR: White.
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Liverpool - England	BIRTHPLACE: Fairbury - Nebraska
OCCUPATION: Secretary.	OCCUPATION:

Number of child of this mother, including present birth: Two.

Number of children of this mother now living, including present birth: Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2. P. M. on the date above stated.

(Signature) Joseph Asprey M. D.

(Physician or midwife)

Address Moscow Idaho

Filed Sep 20 1912 L. F. Rice Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1942

Form V. S. No. 27B—1M-6-20-11.

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

8479

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Moscow

Street and House No. .....

County Latah

Registered Number, 277

Registration District No. 13

Sex of Child Male

Date of Birth, Sept (Month) 10 (Day) 191 (Year)

Full Name of Father Daniel J Macintosh

Full Maiden Name of Mother Minnie H Lenterbock

I HEREBY CERTIFY that the child described herein has been named:

John Alleon Macintosh
(Given name in full) (Surname)

as reported by Father
(Father or Mother)

D. F. Rae
(Local Registrar)

S-Y CO. 16659

FEB

367-112-029-318

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Hospital Aspray

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 8418

Primary Registration District No. 1008 Registered No. 278

FULL NAME OF CHILD Derious Stacey Logan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male.			Yes.	Sept. 12th 1912.

FATHER		MOTHER	
FULL NAME	Derious Stacy Logan	FULL MAIDEN NAME	Anna Pearl Taylor
RESIDENCE	Moscow - Idaho.	RESIDENCE	Moscow - Idaho.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Leavenworth - Kansas.	BIRTHPLACE	Windsor - Missouri
OCCUPATION	Farmer.	OCCUPATION	None.

Number of child of this mother, including present birth One.

Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3-50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray M.D.

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept 20 19 12

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 5 1952

132.204.029-256

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

FULL NAME OF CHILD Geneta Emily Alsup

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15

File No. 8419

Primary Registration District No. 1008

Registered No. 273

GENETA EMILY ALSUP

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem		2	Yes	Sept 4, 1912

FATHER		MOTHER	
FULL NAME	Ben Alsup	FULL MAIDEN NAME	Flora Knott
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ind.
OCCUPATION	Optometrist	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 [redacted] M. on the date above stated.

(Signature) W. A. Cedarleaf M.D.

(Physician or Midwife)

Address Moscow

Filed Sep 20 19 12 D. F. Kan Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Coos }

Certificate No. 8419

FEB 14 19[illegible]

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Geneta Emily Alsup (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Sept 4, 1912 (DATE OF EVENT)
in Moscow Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Gonda E. Alsup	Geneta Emily Alsup

Subscribed and sworn to before me this 23d
day of Jan., 19 43
Lewis W. Walsh
Notary Public, residing at Marshfield Ore
My commission expires 12/21/42
(SEAL)

Signed Mrs Alsup
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
1095 S. 2nd St Marshfield Ore
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Coos }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of Feb., 19 43
Lewis W. Walsh
Notary Public, residing at Marshfield, Ore
My commission expires 12/21/42
(SEAL)

Signed Mrs H. Florence Burt
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Star Route, Roseburg, Ore
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 11 19[illegible] By .....
(REGISTRAR'S SIGNATURE)

FEB 21 1941

813-811-09-253

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 15

File No. 8420

No. ____ St.

Primary Registration District No. 1008

Registered No. 269

Hospital Gritman

FULL NAME OF CHILD Florence Edith Margaret Halpin

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug. 11, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm. Halpin	Eva Getchell
RESIDENCE	Moscow, Ida.	Moscow, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	25
BIRTHPLACE	California	Washington
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman M.D.
Physician
(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

....., 19.....

Filed Sep 9 1912

S. F. Poe
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 18 1967

749-216-029-614

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Hospital ____

Form V. S. No. 13-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 8421

Primary Registration District No. 1008 Registered No. 294

FULL NAME OF CHILD Esther Lillian Adriansen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Sept 16 1912

FATHER		MOTHER	
FULL NAME	J. F. Aydriansen	FULL MAIDEN NAME	Olga Hadum
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Minister	OCCUPATION	

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 2 9 p. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or ~~midwife~~)

Address Moscow

Given names added from a supplemental report

____ 19____

____ Registrar

Filed Oct 4 1912 J. F. Ray Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 13 1960

Form V. S. No. 27B—1M-6-20-11.

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

8421
OCT 13 1960

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth
City Moscow
Street and House No.
County Latah

Registered Number, 294
Registration District No. 15

Sex of Child Female

Date of Birth, Sept (Month) 16 (Day) 1912 (Year)

Full Name of Father S. F. Adrianssen

Full Maiden Name of Mother Olga Tadsen

I HEREBY CERTIFY that the child described herein has been named:

Esther Lillian Adrianssen
(Given name in full) (Surname)

as reported by J. F. Adrianssen
(Father or Mother)

S. F. Ran
(Local Registrar)

S-Y CO. 16659

796-105-029

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 15 File No. 8422

No. ____ St.

Primary Registration District No. 1008 Registered No. 271

Hospital ____

FULL NAME OF CHILD Clifford Arnold Grove

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	9 – 5 – 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bert Grove	Mabel Grove
RESIDENCE	Moscow, Ida	Moscow, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	20
BIRTHPLACE	Iowa	Minn.
OCCUPATION	Barber	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gilman M.D.

Physician (Physician or midwife)

Address Moscow

Given names added from a supplemental report

....., 19.....

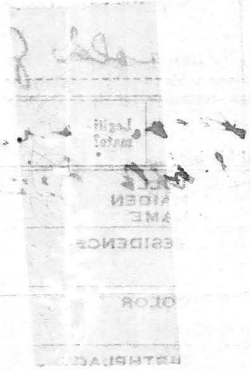
Filed Sept 15 19 12 D. F. Rae Registrar

Registrar

S-Y CO. 20174

APR 3 1942

OCT 1 3 1942



154-101-024-249

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-Original 5-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 15 File No. 8423

Primary Registration District No. 1008 Registered No. 295

FULL NAME OF CHILD Clifford Gladstone Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Sept 1 1912

FATHER		MOTHER	
FULL NAME	S. S. Anderson	FULL MAIDEN NAME	Mary Smith
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Wis	BIRTHPLACE	Iowa
OCCUPATION	Mail carrier	OCCUPATION	

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 5:9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or ~~midwife~~)

Address Moscow

Given names added from a supplemental report

..... 19.....

Filed Oct 1 1912 S.F. Rae

..... Registrar

S-Y CO. 20174

Registrar

Form V. S. No. 27B ~~1M-6-20-11~~

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

8423

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Moscow

Street and House No. .....

County Latah

Registered Number, 295

Registration District No. 15

Sex of Child Male

Date of Birth, Sept (Month) 1 (Day) 1912 (Year)

Full Name of Father: S S Anderson

Full Maiden Name of Mother: Mary Smith

I HEREBY CERTIFY that the child described herein has been named:

Clifford Gladstone Anderson

(Given name in full) (Surname)

as reported by S S Anderson

(Father ~~or Mother~~)

T F Rae

(Local Registrar)

S-Y CO. 18659

NOV 8 1943

JUN 1 0 1974

997-212-029-234

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

No ____, ____ St.

Hospital ____

Registration District No. 15 File No. 8424

Primary Registration District No. 2066 Registered No. 2006

FULL NAME OF CHILD Elizabeth Pearl Zipsey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.	—	and —	yes.	Sept. 12. 1912.

FATHER		MOTHER	
FULL NAME	Andrew M. Zipsey.	FULL MAIDEN NAME	Anna M. Thompson Klusser
RESIDENCE	Potlatch.	RESIDENCE	Potlatch.
COLOR	White.	COLOR	W.
AGE AT LAST BIRTHDAY	31. (Years)	AGE AT LAST BIRTHDAY	26. (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	Bookkeeper.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive. (Born alive or stillborn) on the date above stated., at 2 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. M. Thompson M. D.

(Physician or Midwife)

Address Potlatch.

Given names added from a supplemental report

....., 19.....

Filed Oct. 2nd 1912. Dr. J. M. Thompson Registrar

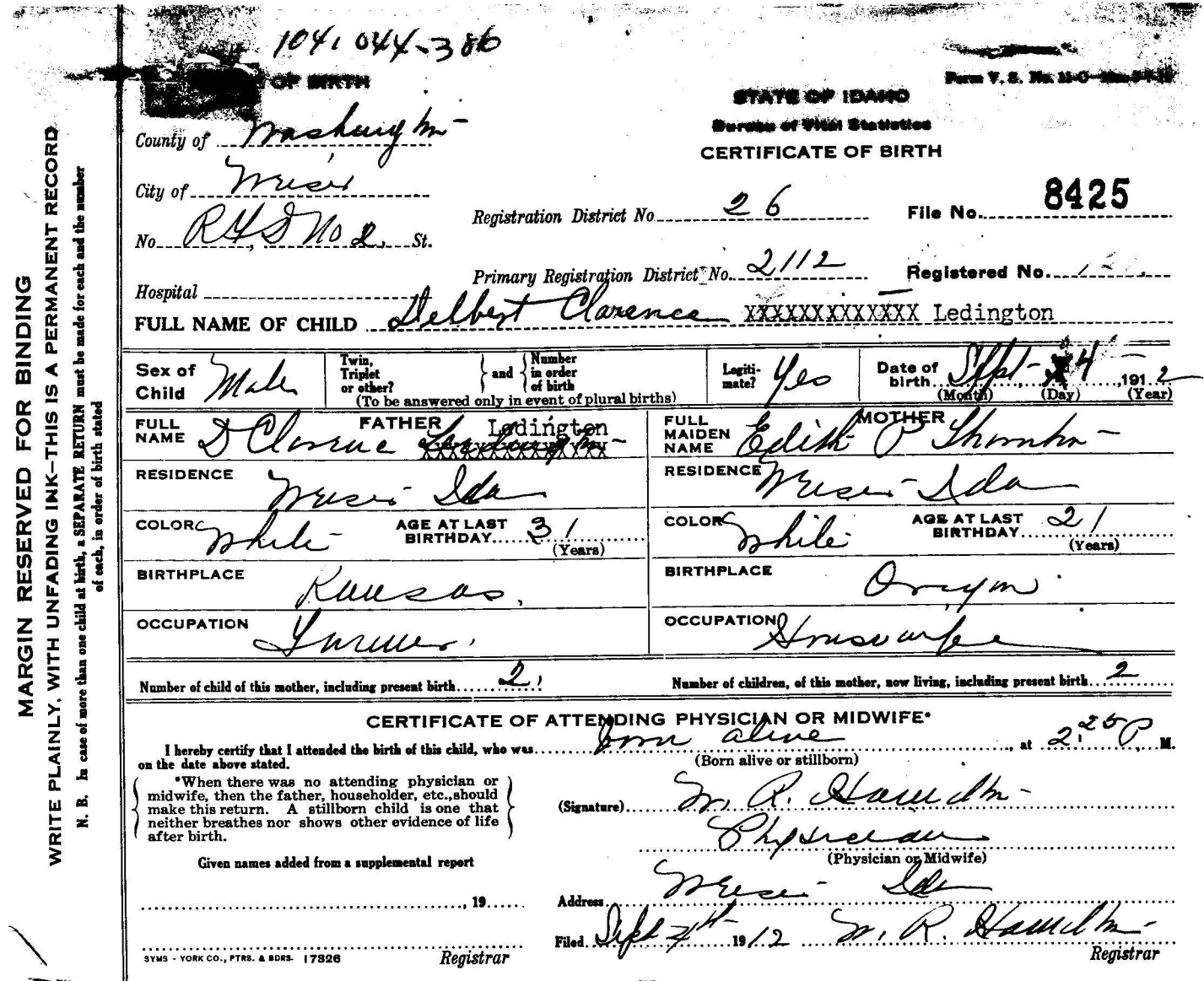
.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

MAR 25 1942



104 044-386

OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No RFD No 2 St.

Registration District No 26 File No. 8425

Primary Registration District No. 2112 Registered No.

Hospital

FULL NAME OF CHILD Delbert Clarence XXXXXXXXXXXXX Ledington

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept 4 1912

	FATHER	MOTHER
FULL NAME	D Clarence Ledington	FULL MAIDEN NAME Edith O Thornton
RESIDENCE	Weiser Ida	RESIDENCE Weiser Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	31 (Years)	21 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE Oregon
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. Hamilton

Physician

(Physician or Midwife)

Weiser Ida

Address

Given names added from a supplemental report

....., 19.....

Filed Sept 7th 1912 Dr. R. Hamilton

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Washington } ss.

Certificate No. 8425

Date Filed March 8, 1944

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lerdington (Name on Original Certificate) who born (Was Born or Died) on Sept. 4th 1913 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Lerdington	Ledington
Birth Date	Sept 3, 1912	Sept 4, 1912

Subscribed and sworn to before me this
day of March, 1944.

Notary Public, residing at Weiser, Idaho

My commission expires
(Seal)

Signed Joyce Stout
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Washington } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of March, 1944

Notary Public, residing at Weiser, Idaho

My commission expires
(Seal)

Signed Eva C. Brashears
(Signature of Any Credible Person Other Than Previous Year)

R. #2 Weiser, Idaho
(Street Address, City, State)

MAR 27 1944

MAR 22 1945

985

813-103-0446-378

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 241 W. Court St.

Hospital

Registration District No. 26 File No. 8426

Primary Registration District No. 1010 Registered No. 122

FULL NAME OF CHILD Edward Taylor Hall

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	# (To be answered only in event of plural births)	1	Yes	9 3 1912

FATHER	MOTHER
FULL NAME: Edward Peter Hall	FULL MAIDEN NAME: Florence Woodard Taylor
RESIDENCE: Weiser, Idaho	RESIDENCE: Weiser, Idaho.
COLOR: White AGE AT LAST BIRTHDAY: 49 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Pensylvania	BIRTHPLACE: New York
OCCUPATION: Real Estate	OCCUPATION: House-wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.15p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. B. Shirley M.D

(Physician or midwife)

Address Weiser, Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Sept 6th 19 12 W. R. Hamilton
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—20m-2-16-12

15-4-103-0445-9

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser — Registration District No. 26 — File No. 8427

No. ____, ____ St. — Primary Registration District No. 1010 — Registered No. 123

Hospital ____

FULL NAME OF CHILD Ernest Norman Anderson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Yes	9, 3, 191-

FATHER		MOTHER	
FULL NAME	Chas. Anderson	FULL MAIDEN NAME	Emma Herno.
RESIDENCE	Weiser Idaho.	RESIDENCE	Weiser Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	42
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Sweeden	BIRTHPLACE	Pendleton Oregon.
OCCUPATION	Laborer	OCCUPATION	H. Wife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O Fenimore

Physician

(Physician or Midwife)

Address Weiser Idaho.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Sept-6-12 19.12 W. R. Hamilton
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BIND

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 9 1966

MAY 28 1952

DEC 8

559-210.6-8/3

PLACE OF BIRTH

County of Washington

City of Weiser

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 8428

Primary Registration District No. 1010 Registered No. 124

FULL NAME OF CHILD ~~Josephine Neal~~ RUTH KATHYRN NEILL

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	Sept 10 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Neal NEILL	Dressa Maley
RESIDENCE	Weiser Idaho	Weiser Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	29
BIRTHPLACE	Coulterville, Illinois	Stanwood Iowa.
OCCUPATION	Carpenter.	Housewife

Number of child of this mother, including present birth... 3

Number of children, of this mother, now living, including present birth... 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James Alspaugh.

(Physician or ~~Midwife~~)

Address Weiser Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 13th 1912 W. R. Chambers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ } ss.
County of _____ }

MAR 29 1943

Certificate No. 8428

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Josephine Neill (Name on Original Certificate) who Born (Was Born or Died) on Sept. 10, 191~ (Date of Event)
in Weiser Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Josephine	Ruth Kathyrn Neill

Subscribed and sworn to before me this 19th day of March 1943

Maya Braun
Notary Public, residing at Cedar Rapids Ia
My commission expires July 4 - 1945
(Seal)

Signed Wm G. Neill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1483-10 St Marion Iowa
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Iowa } ss.
County of Linn }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of March, 1943

Maya Braun
Notary Public, residing at Cedar Rapids Ia
My commission expires July 4 - 1945
(Seal)

Signed Mrs. C. L. O'Kelly
(Signature of Any Credible Person Other Than Previous Year)

1750 7th Ave. Marion, Iowa
(Street Address, City, State)

JUN 2 3 1943

MAR 3 0 1943

693-210-04X769

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Washington

City of Weiser

No. —, — St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 8429

Primary Registration District No. 2112 Registered No. 135

FULL NAME OF CHILD Mary Wilde

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	Feb 10 1912

FATHER		MOTHER	
FULL NAME	Junius Wilde	FULL MAIDEN NAME	Ollie Porter
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Brigham, Oregon	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	25
		BIRTHPLACE	Ontario Oregon
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

(Physician or Midwife)

Address Weiser Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 16 1912 W. R. Glascock

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

AUG 3 0 1944

343-21-044-457

Amended 1-27-64

(Be sure the information is complete and accurate)

State File No. 8430
Local Reg. No. 126
Reg. Dist. No. 26

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Lois
b. (Middle):
c. (Last): Lucas

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Sept. (Day) 19, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Joseph
b. (Middle): S
c. (Last): Lucas

8. COLOR OR RACE: White

9. AGE (At time of this birth): 40 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Wyandotte Co., Kansas

11a. USUAL OCCUPATION: Minister

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Clara
b. (Middle): M
c. (Last): Deardorff

13. COLOR OR RACE: White

14. AGE (At time of this birth): 36 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Portland, Oregon

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 8
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: James A. Young

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Weiser, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Sept. 20, 1912

20. REGISTRAR'S SIGNATURE: W. R. Hamilton

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

In the district where the birth occurred WITHIN 10 days after the date of birth to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

Own child's birth certificate shows correct name ~~xxxxxx~~ State of Oregon
Portland School Record, gives correct name and birthdate, #1946-9576.
records during school year of IDAHO STATE BOARD OF HEALTH
1919-1920 viewed by V.S. DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 8430

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Frances Adelia Lucas (Name on Original Certificate) who was born (Was Born or Died) on Sept. 20, 1912 (Date of Event)
in Weider (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Record (Bible Record, Insurance Policy, Etc.) prepared on school years of 1919-1920 viewed by vital stat. (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Frances Adelia Lucas	Lois Lucas
Birthdate	Sept. 20, 1912	Sept. 19, 1912

Subscribed and sworn to before me this NOV 29 1956 day of
....., 19.....
Harry P. Styles
Notary Public, residing at Ford Rive
My commission expires Sep 21 - 1958
(Seal)

Signed Mrs. C. M. Lucas
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Multnomah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of
Nov, 19 57
Lawrence Lucas
Notary Public, residing at Portland Ore
My commission expires NOTARY PUBLIC FOR OREGON
(Seal) MY COMMISSION EXPIRES MAR. 7, 1958

Signed Leo S. Lucas
(Signature of Any Credible Person)

705 NW Allemale
(Street Address, City, State) Portland Oregon

FORM DPH 55. 155

Also Portland Public School record gives student's full date of birth as Sept. 19, 1912 at Weiser, Idaho - parents names are given as J. S. Lucas and C. M. Lucas - copy of School Record made Dec. 7, 1956 - viewed by V.S.

Application for Insurance to the Bankers Life Company - No. 33955 gives full name of insured as Claud Carroll Thomas, born Aug. 7, 1915 at Richmond, Calif. - beneficiary is given as Lois Lucas Thomas, wife, born Sept. 19, 1912 - viewed by VS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ____, ____ St.

Hospital ____

Registration District No. 26 File No. 8430

Primary Registration District No. 1010 Registered No. 126

FULL NAME OF CHILD Frances Adelia Lucas.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	(To be answered only in event of plural births)	1	yes	Sept 20 1912

FATHER		MOTHER	
FULL NAME	Joseph S Lucas	FULL MAIDEN NAME	Clara M Deardorff
RESIDENCE	Weiser Idaho	RESIDENCE	Portland Oregon
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Wyandott Co Kansas	BIRTHPLACE	Portland Oregon
OCCUPATION	Minister	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 30a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young Jr

(Physician or Midwife)

Address Weiser Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept-26th 1912 W. R. Hamilton

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

FEB 7 1964

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Washington

City of Midvale

Registration District No. 26 File No. 8431

No. ____, ____ St.

Primary Registration District No. 2113 Registered No. 127

Hospital ____

FULL NAME OF CHILD Cecil Alfred Haunty

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	May 28, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter M Haunty	Lorena Potter
RESIDENCE	Midvale	Midvale
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Midvale, Ida	Midvale, Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. T. A. Parker

Physician
(Physician or Midwife)

Address Midvale

Given names added from a supplemental report

....., 19....

Filed Sept. 28, 1912 T. Aschmutz
Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

9/12

DUP OF
1912 338583

APR 1 1942

765-113-044 463

Form V. S. No. 11-C—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 26. File No. 8432

No. ....., ... St.

Primary Registration District No. 213 Registered No. 128.

Hospital .....

FULL NAME OF CHILD Glenn David Pfenning

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy	X (To be answered only in event of plural births)	X	Yes	Aug 13, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Pfenning	Edna Doggett Pfenning
RESIDENCE	Midvale	Midvale
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	22	18
BIRTHPLACE	Portland Oregon	Palouse Wash.
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R. A. Parker

Physician (Physician or Midwife)

Address Midvale

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept 28 1912 F. A. Johnson

Registrar

S-Y CO., 16670

OCT 2 8 1942

291-224-044-763

PLACE OF BIRTH

County of Washington

City of Midvale

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 8433

Primary Registration District No. 2113 Registered No. 129

FULL NAME OF CHILD Baby Branch

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	Aug 24, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Burt Branch	Etta Potter Branch
RESIDENCE	Crane Creek Idg.	Crane Creek Idg.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	26
BIRTHPLACE	Kansas	Midvale Idaho
OCCUPATION	Ranchman	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 a. m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Regis A Parker

Physician

(Physician or Midwife)

Address Midvale

Given names added from a supplemental report

....., 19.....

Filed Sept 28 1912 Faschnut

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 4 1972

SEP 6 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Washington

City of Cambridge

No. ____, ____ St.

Hospital ____

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 8434

Primary Registration District No. 2124 Registered No. 130

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Aug. 31, 1914

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leroy T Braiden	Anna E Heard
RESIDENCE	Cambridge	Cambridge
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	Iowa	Missouri
OCCUPATION	Farmer	H W

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12 45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper

Physician

(Physician or Midwife)

Address Cambridge Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 1 19 12 C E Schmidt pub Registrar

S-Y CO., 16670

DUP OF 1912-D53-435

252-202-04X-285

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics -

CERTIFICATE OF BIRTH

Form V. S. No. 11-G ~~15m-6-20-11~~

Registration District No. 26 File No. 8435

Primary Registration District No. 214 Registered No. 131

FULL NAME OF CHILD Lela Geneva Kester

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		3rd	Yes	Sept 2, 1912

FATHER		MOTHER	
FULL NAME	Arch Kester	FULL MAIDEN NAME	Mary Shumun
RESIDENCE	Cambridge	RESIDENCE	Cambridge Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Kansas.
OCCUPATION	Ranching	OCCUPATION	House wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schumm

(Physician or Midwife)

Address Cambridge. Ida.

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Oct 1st 1912 W. P. Hamilton Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

NOV 8 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. FEB 14 9 36 AM '74

County of ..... }

Certificate No. 8435

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Kester (female) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 2, 1912 (Date of Event)

in Cambridge, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Lela Geneva Kester

Subscribed and sworn to before me this 11th day of February, 1974

Notary Public, residing at Eugene, Oregon

My commission expires 1-14-77

(Seal)

Signed x Elmer E. Kester

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

570 West 10th Junction City Oregon

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON } ss.

County of LANE }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of February, 1974

Notary Public, residing at Eugene, OREGON

My commission expires 1-14-77

(Seal)

Signed [signature] (Signature of Any Credible Person)

3424 Meadowview Rd. Junction City, Ore. (Street Address, City, State)

FORM DH 60-155 CL 11/8/73

Baptismal Certificate gives name as Lela Kester. given by Minister H.J. Bass on Dec. 2, 1928. Viewed by V. S.

FEB 25 1974

Family Bible record gives name as Lela Geneva Kester born Spet. 2, 1912. parents name s given as A. E. & Mary Kester. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

}86105-04X842

PLACE OF BIRTH

Form V. S. No, 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Salubria

Registration District No. 26 File No. 8436

No. ____, ____ St.

Primary Registration District No. 3114 Registered No. 132

Hospital ____

FULL NAME OF CHILD Loyd Franklin Thomason

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes	Sept 5, 1911

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Loyd L. Thomason	Essie Hurtsell
RESIDENCE	Salubria	Salubria Ida.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	21	19
BIRTHPLACE	Ida.	Washington
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmuntz M D

(Physician or Midwife)

Address Cambridge Ida.

Given names added from a supplemental report

..... 19.....

Filed Oct 1st 1912 M R Hamilton

..... Registrar

Registrar

S-Y CO., 16670

FEB 27 1942

AUG 3 1967

763-206·04K-693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 26 File No. 8437

No. ..... St.

Primary Registration District No. 2113 Registered No. 133

Hospital .....

FULL NAME OF CHILD Ortha Madalin Potter

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept 6 1912

FATHER		MOTHER	
FULL NAME	Isaac Silvester Potter	FULL MAIDEN NAME	Edna Willson
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Missouri	BIRTHPLACE	Oklahoma
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz M.D.
(Physician or midwife)

Address Midvale Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 10 1912 F A Schmitz Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

141-109-044-763

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. ____ St.

Hospital ____

Registration District No. 26 File No. 8438

Primary Registration District No. 2163 Registered No. 134

FULL NAME OF CHILD Melvin Laurence Adamson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	Sept. (Month) 9 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Wm Ruby Adamson	FULL MAIDEN NAME Bessie Ellen Colson
RESIDENCE Midvale	RESIDENCE Midvale
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 16 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Rancher	OCCUPATION Home Wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz

Physician (Physician or midwife)

Address Midvale Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept. 21, 1912 F. A. Schmitz
Registrar

S-Y CO. 20174

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

£32110-436 231

PLACE OF BIRTH — STATE OF IDAHO — Form V. S. No. 10-[illegible]

County of Washington

City of Cambridge

No. ____, ____ St.

Hospital ____

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26. File No. 8439

Primary Registration District No. 214 Registered No. 135

FULL NAME OF CHILD Arthur Elmer McKenzie

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2nd	Yes	Sept 10, 1912

FATHER		MOTHER	
FULL NAME	Erba McKenzie	FULL MAIDEN NAME	Rosie Stobie
RESIDENCE	Cambridge Ida.	RESIDENCE	Cambridge Ida.
COLOR	W	AGE AT LAST BIRTHDAY (Years)	24	COLOR	W	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Iowa.	BIRTHPLACE	Colorado.
OCCUPATION	Rancher	OCCUPATION	Home work.

Number of child of this mother, including present birth 2nd. Number of children, of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-A M. on the date above stated.

(Signature) C E Schmuntz

(Physician or Midwife)

Address Cambridge Ida

Filed Oct-1st- 1912 W P Warnick Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

-315-011-0YX-813

(Be sure the information is complete and accurate)

Amended 7-13-67

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 8440
Local Reg. No. 136
Reg. Dist. No.

1. PLACE OF BIRTH

a. COUNTY: Washington

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cambridge

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Washington

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cambridge

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Grace b. (Middle): Elizabeth c. (Last): Lavender

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Sept. 11, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Walter b. (Middle): F. c. (Last): Lavender

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
27 YEARS	Virginia	Ranching	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Violet b. (Middle): R. c. (Last): Haller

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
22 YEARS	Cambridge, Ida	0	0	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: C. E. Schmitz, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Cambridge, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Sept. 12, 1912

22. REGISTRAR'S SIGNATURE: C.E. Schmitz

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

VITAL STATISTICS, BOISE, IDAHO.

5-5-66

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUL 6 1967
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 8440

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Grace Elizabeth Levander (Name on Original Certificate) who was born (Was Born or Died) on Sept. 11, 1912 (Date of Event)
in Cambridge (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
last name of child	Levander	Lavender

Subscribed and sworn to before me this 5 day of May, 19 67

Hazel L. Hurlbert

Notary Public, residing at Eagle, Idaho

My commission expires Sept. 28, 1968

(Seal)

X Signed David C. Brand
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R 2 New Plymouth Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 1 cc. paid - Rec # 8440

Own childs birth certificate gives name of mother as Grace Elizabeth Lavender. child born Jan. 20, 1939 in Cambridge. Certificate # 277379. Viewed by V. S.

Certificate of Award issued by Dist # 8 in Washington County, Idaho lists name as Grace Elizabeth Lavender. Issued May 4, 1921 M. Gladys Houston, Supt. Viewed by V. S.

BUREAU OF VITAL STATISTICS
DEPARTMENT OF HEALTH
BOISE, IDAHO

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 8440

Primary Registration District No. 2114 Registered No. 136

FULL NAME OF CHILD Grace Elizabeth Lavender

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.			Yes	Sept 1, 1912

FATHER

FULL NAME Walter F Lavender.

RESIDENCE Cambridge

COLOR W AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Virginia

OCCUPATION Ranchman

MOTHER

FULL MAIDEN NAME Violet A Haller.

RESIDENCE Cambridge.

COLOR W AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Cambridge

OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ____ M. on the date above stated.

(Signature) C E Schmuntz M D

(Physician or Midwife)

Address Cambridge

Filed Sept 12 1912 C E Schmuntz Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

315-11-0446795

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Meadale

Registration District No. _____ File No. 8441

No. _____ St.

Primary Registration District No. 213 Registered No. 37

Hospital _____

FULL NAME OF CHILD Wayland Avery Fanning

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Sept. 14 1912

FATHER		MOTHER	
FULL NAME	Mathew P. Fanning	FULL MAIDEN NAME	Clara May Green
RESIDENCE	Meadale Idaho	RESIDENCE	Meadale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Faschnacht M. D.
(Physician or midwife)

Address Meadale Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 14 1912 F. Faschnacht Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-220-04-6391

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 21 File No. 8442

Primary Registration District No. 2117 Registered No. 139

FULL NAME OF CHILD ____

Sex of Child: Female. Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth: 1. Legitimate? Yes. Date of birth: Sept (Month) 20 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Hamrat Beerk.	FULL MAIDEN NAME: Nancy Crabtree
RESIDENCE: Cambridge.	RESIDENCE: Cambridge Ida
COLOR: White. AGE AT LAST BIRTHDAY: 21 (Years)	COLOR: White. AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: Washington	BIRTHPLACE: Ark.
OCCUPATION: Ranching	OCCUPATION: Wife

Number of child of this mother, including present birth: 1st

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmuck M D

(Physician or Midwife)

Given names added from a supplemental report

____, 19____

____ Registrar

Address ____

Filed Oct 1st 1912 W R Hamilton Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912 - 346455

993-123-044363

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 26 File No. 8443

Primary Registration District No. 2114 Registered No. 139

FULL NAME OF CHILD Earl Francis Richardson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Sept 23, 1912

FATHER		MOTHER	
FULL NAME	Wallace F Richardson	FULL MAIDEN NAME	Bessie E Colton
RESIDENCE	Cambridge	RESIDENCE	Cambridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	18 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Farm hand	OCCUPATION	H W

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hobson M D (Physician or Midwife)

Address Cambridge Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct 1 1912 C E Schuntz Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

312-12/1044-709

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Washington

City of Midvale

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 8444

No. ____, ____ St.

Primary Registration District No. 2113 Registered No. 140

Hospital ____

FULL NAME OF CHILD Thomas Lenoir Lakey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	Sept 21, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas Lakey	FULL MAIDEN NAME	Callie Pinto ~~Lakey~~
RESIDENCE	Midvale	RESIDENCE	Washington Co Idaho
COLOR	white	AGE AT LAST BIRTHDAY (Years)	34
COLOR	white	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Oregon	BIRTHPLACE	Wash Co Idaho
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr K. G. Parker

Physician

(Physician or Midwife)

Address Midvale Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept 28 1912 T A Schmitz

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 1 1960

V. S. No. [redacted]-20-11.

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City ..... Medvale

Street and House No. .....

County ..... Washington

Registered Number .....

Registration District No. 2

Sex of Child ..... Male

Date of Birth, ... September (Month) 21st (Day) 1913 (Year)

Full Name of Father ..... Thos Leahey

Full Maiden Name of Mother ..... Callie Powell

I HEREBY CERTIFY that the child described herein has been named:

Thomas Lemuel Leahey
(Given name in full) (Surname)

as reported by ..... Mother
(Father or Mother)

W. R. Hamilton
(Local Registrar)

S-Y CO. 18659

564-23104-818

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Washington

City of Cambridge — Registration District No. 26 — File No. 8445

No. ____, ____ St. — Primary Registration District No. 2114 — Registered No. 141

Hospital ____

FULL NAME OF CHILD Samuel Frederick Rodine

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Sept 23, 1912

FATHER		MOTHER	
FULL NAME	Fred N Rodine	FULL MAIDEN NAME	Lula M Haynes
RESIDENCE	Cambridge	RESIDENCE	Cambridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper M D
(Physician or Midwife)

Address Cambridge Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Oct 14 19 12 M. R. Hamilton Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 4 1970

763-126-044-867

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

Registration District No. 26 File No. 8446

Primary Registration District No. 2113 Registered No. 14

FULL NAME OF CHILD Carrol Potter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Sept 26 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Francis Potter	Jessie M. Hopkins
RESIDENCE	Midvale	Midvale
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	35
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz M D
(Physician or midwife)

Address Midvale

Given names added from a supplemental report

..... 19.....

Filed Sept 26 1912 F A Schmitz
Registrar

..... Registrar

5-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

MAY 27 1942

DECEASED

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

No. ____, ____ St.

Hospital ____

Registration District No. 26 File No. 8447

Primary Registration District No. 2114 Registered No. 143

FULL NAME OF CHILD Newton Manchester Combs

Please add.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3	Yes	Sept 30, 1912

	FATHER	MOTHER
FULL NAME	Cedric Combs	FULL MAIDEN NAME Lotti Shuman
RESIDENCE	Cambridge Idaho	Cambridge Ida.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	28
BIRTHPLACE	Mo	Kansas
OCCUPATION	Ranching	Home work

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmuntz M.D.

(Physician or Midwife)

Address Cambridge

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct 1, 1912 W. P. Hunnicutt

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

c.c. 5/20/41. w.h.

Form V. S. No. 27B—1M-6-20-11.

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

8447

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Cambridge

Street and House No.

County Washington

Registered Number, 143

Registration District No. 26

Sex of Child Male

Date of Birth, Sept. (Month) 30th (Day) 1913 (Year)

	Father	Mother
Full Name	Andrew Combs.	
Full Maiden Name		Lettie Sherman

I HEREBY CERTIFY that the child described herein has been named:

Milton Manchester Combs.
(Given name in full) (Surname)

as reported by Father.
(Father or Mother)

W. R. Hamilton
(Local Registrar)

S-Y CO. 18659

965 [redacted] 72-363

PLACE

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of [redacted]

City of Jerome

Registration District No. 5 File No. 8448

No. ____, ____ St.

Primary Registration District No. 217 Registered No. 170

Hospital ____

FULL NAME OF CHILD Baby Isaerger

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 29 1917

FATHER		MOTHER	
FULL NAME	Samuel R Isaerger	FULL MAIDEN NAME	Pearl Cockrell
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Illinois	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) at 2 30a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Phil F Summerhall M.D.

(Physician ~~or Midwife~~)

Address Jerome, Idaho

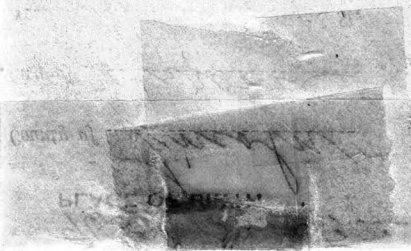
Given name added from a supplemental report

____, 19____

____ Registrar

Filed Sept 1 1917 E. D. Piper Registrar

3-Y CO., 16669



349-224-032-413

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 5 File No. 8449

Primary Registration District No. 7017 Registered No. 169

FULL NAME OF CHILD Baby Turpin ANN MARIE

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Aug 24, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charley W Turpin	Minnie Matson
RESIDENCE	Jerome Ida	Jerome Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	27
BIRTHPLACE	Utah	Utah
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 9:30 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm F Schmenkamp MD

(Physician ~~or Midwife~~)

Address Jerome, Idaho

Given name added from a supplemental report

____, 19____

____ Registrar

Filed Sept 1 1912 C. D. Piper Registrar

3-Y CO., 16669

JUN 1 1951

417-126-032-619

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital ____

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5

File No. 8450

Primary Registration District No. 2017

Registered No. 168

FULL NAME OF CHILD MICHAEL FRANK Magnelli

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Aug 26, 191?

FATHER

FULL NAME Tony Magnelli

RESIDENCE Jerome Ida

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Italy

OCCUPATION barber

MOTHER

FULL MAIDEN NAME Harriet J Warren

RESIDENCE Jerome Ida

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Jerome Ida

OCCUPATION housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) at 6 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Ahmerahall MD

(Physician or Midwife)

Address Jerome, Idaho

Given name added from a supplemental report

____, 19____

____ Registrar

Filed Sept 1 19 12 E. D. Pfost Registrar

S-Y CO., 18669

Certificate named from card 10/4/41 Z.J.

10-6-41

995-210-032-469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 8451

Registered No. 150

PLACE OF BIRTH

County of Lincoln

City of Hazelton

No ____, ____ St.

Hospital ____

Registration District No 5

Primary Registration District No. 2617

FULL NAME OF CHILD Iome Margaret Rieman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Sept 10 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Benjamin Frank Rieman	Ida Marie Dornbrak
RESIDENCE	Hazelton Ida	Hazelton Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	25
BIRTHPLACE	Fondulac Co Wis	Green Lake Co Wis
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Lenz

(Physician or Midwife)

Address Hazelton Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 11 1912 C. F. Zeller

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 5 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
APR 16 9 44 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 8451

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Rieman (Female) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 10, 1912 (Date of Event)
in Hazelton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Baby Rieman	Iome Margaret Rieman

Subscribed and sworn to before me this 4th day of April, 1973

Notary Public, residing at Twin Falls, Idaho

My commission expires 1974

(Seal)

Signed Olga M Rieman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

290 Locust St. Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of April, 1973

Notary Public, residing at Twin Falls Idaho

My commission expires 1974

(Seal)

Signed Mrs Alma D. Rieman
(Signature of Any Credible Person)

325 - 2nd St North Apt. 6
(Street Address, City, State)
Twin Falls Idaho

FORM DH 80-155 CL 3/8/73

Family Record , obviously old gives name as Iome M. Rieman born Sept. 10,1912

Viewed by VS

The Mutual Benefit Life Insurance Co. No. A488701 May 2, 1935 Twin Falls, Idal
gives name as Iome Margaret Rieman born Sept. 10, 1912 at Hazelton, Idaho.
Viewed by VS

APR 16 1973

236-225-0032-853

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lincoln

City of Hazelton

No ____, ____ St.

Hospital ____

Registration District No 5 — File No. 8452

Primary Registration District No 207 — Registered No. 151

FULL NAME OF CHILD Mildred Stokesberry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Aug 25 1912

FATHER		MOTHER	
FULL NAME	David Henry Stokesberry	FULL MAIDEN NAME	Clara Ruth Helms
RESIDENCE	Hazelton Idaho	RESIDENCE	Hazelton Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Newton Co Mo	BIRTHPLACE	Edgar Co Ills
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Lenz

(Physician or ~~Midwife~~)

Address Hazelton Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug 26 1912 C. F. Zeller

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

Registrar

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
MAY 19 4 29 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of TWIN FALLS }

Certificate No. 8452

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Stokesberry (Name on Original Certificate) who was born (Was Born or Died) on August 25, 1912 (Date of Event)
in Hazeltown, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record & school record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Mildred Clara Stokesberry

Subscribed and sworn to before me this 21st day of April, 1975

Notary Public, residing at Twin Falls, Idaho
My commission expires 6-14-76
(Seal)

Signed Clara R. Stokesberry
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

543 Taylor St. W. Kimberly Idaho 83341
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of April, 1975

Notary Public, residing at Twin Falls, Idaho
My commission expires 6-14-76
(Seal)

Signed Rene Hebner
(Signature of Any Credible Person)

359 Hyland Ave. Twin Falls Idaho 83301
(Street Address, City, State)

FORM DH 60-155

Correction aff. & letter 3-28-75 (S)

RUSH

Family Bible recrd gives name as Clara Mildred born Aug. 25, 1912. Married to Jewell Curtis. 2nd marriage to Ray Lincoln. names on marriage papge given as Mildred. viewed by V. S.

JUL 18 1975

Ascool census record from Twin Falls School District No. ~~##~~ 411 gives name as Mildred Stokesberry. born Aug. 25, 1912. mother's name as Clara and father's name as David Stokesberry. entered on record First Tuesdaey of Spet. ~~29~~ 1927. viewed by .V. S.

63X-120-072.863

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

8453

County of Lincoln

City of Dietrich

Registration District No. 5 File No.

No. , St.

Primary Registration District No. 2016 Registered No. 152

Hospital

FULL NAME OF CHILD Willis Henry Oldenburg

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Sept. 20, 1912

	FATHER	MOTHER
FULL NAME	Henry Oldenburg	Ida Christina Holcombe
RESIDENCE	Dietrich Ida	Dietrich Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	34	24
BIRTHPLACE	Fond du Lac Wisc	Denmark Co. Iowa
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. S. Lighthall

Physician

(Physician or Midwife)

Address Dietrich Ida.

Given names added from a supplemental report

....., 19.....

Filed Sept. 22 1912 C. F. Zeller

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC.14 1907

469-025-032-4 19

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Dietrich

Registration District No. 5 File No. 8454

No. ....., ... St.

Primary Registration District No. 2016 Registered No. 158

Hospital .....

FULL NAME OF CHILD Mary Jo. Morrow

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	Sept 25, 1912

FATHER		MOTHER	
FULL NAME	William J. Morrow.	FULL MAIDEN NAME	Mary Jo. Martin
RESIDENCE	Dietrich	RESIDENCE	Dietrich Ida
COLOR	white	AGE AT LAST BIRTHDAY (Years)	36
COLOR	white	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Odell. Ill.	BIRTHPLACE	Indianapolis. Ind.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) D. S. Lightstall

Physician

(Physician or ~~Midwife~~)

Address Dietrich Idaho.

Filed Sept 26 1912 C. T. Zeller Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 17 1945

MAR 26 1966

JUN 2 1971

26b42.032-719

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. ____ St.

Hospital Home

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 5

File No. 8455

Primary Registration District No. 2016

Registered No. 154

FULL NAME OF CHILD Albert Holden Baby Bowler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	other	2	yes	Sept. 22 1912

	FATHER	MOTHER
FULL NAME	Bert Bowler	FULL MAIDEN NAME Martha Garlock
RESIDENCE	Shoshone	RESIDENCE Shoshone
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years) 21
BIRTHPLACE	Nebraska	BIRTHPLACE Nebraska
OCCUPATION	Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Zeller M. D.
(Physician or midwife)

Address Shoshone Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept 23 19 12 C. F. Zeller
Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1 copy made 10/24/40 L.B.

SEP 19 1972

754-730-032.942

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

8456

Registration District No. 5 File No. ____

Primary Registration District No. 2016 Registered No. 165

FULL NAME OF CHILD ~~Baby~~ Peugh, Cecil Milinda

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	Other	2	yes	Sept. 30, 191[illegible]

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Jno. D. L. Peugh	FULL MAIDEN NAME Edna Tufett
RESIDENCE Shoshone	RESIDENCE Shoshone
COLOR W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR W. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Mich.	BIRTHPLACE Mich.
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller

M. D. (Physician or Midwife)

Address Shoshone, Ida

Given name added from a supplemental report

..... 19.....

Registrar

Filed 9/30 19 12 C. F. Zeller

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jim Colvin } ss.

Certificate No. 8456

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of 9/30-1912. (Birth or Death)
for Cecil Milinda Peugh (Name on Original Certificate) who Was Born (Was Born or Died) on 9/30-1912 (Date of Event)
in Shoshone (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Cecil Milinda Peugh
Cecil Milinda Peugh. Father, name.	John Leon Peugh.	

Subscribed and sworn to before me this
day of Aug, 1943

Notary Public, residing at Burns

My commission expires 1/14/47
(Seal)

Signed Edna Peugh
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

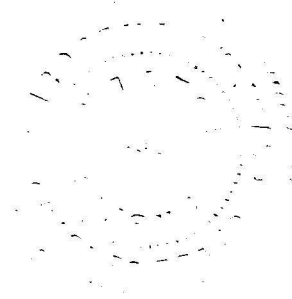
Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 2 - 1943



39a 105-032-719

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln,

City of Gooding,

No. Oregon St.

Hospital Residence,

Registration District No. 6 File No. 8457

Primary Registration District No. 2014 Registered No. 107

FULL NAME OF CHILD William Paul Brownlee,

Sex of Child Male, | Twin / Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? yes, | Date of Birth Sept 6th (Month) (Day) 1912 (Year)

FATHER

FULL NAME David John Brownlee,

RESIDENCE Gooding, Idaho.

COLOR White AGE AT LAST BIRTHDAY 30 years (Years)

BIRTHPLACE Clinton, Ontario, Canada,

OCCUPATION Drayman,

MOTHER

FULL MAIDEN NAME Jennie Carpenter,

RESIDENCE Gooding, Idaho.

COLOR White AGE AT LAST BIRTHDAY 24 years (Years)

BIRTHPLACE Benton, Arkansas,

OCCUPATION Housekeeper,

Number of child of this mother, including present birth Two, Number of children of this mother now living, including present birth One,

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 2, 10 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

(Signature) .....

Dr. P. E. Johanson,
(Physician or midwife)

Address Gooding, Idaho,

Filed Sept 7 1912 L. E. Zeller
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1943

415-224-072-296

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lincoln

City of Gooding

No. Oregon St.

Hospital Residence.

Registration District No. 5 File No. 8458

Primary Registration District No. 2014 Registered No. 145

FULL NAME OF CHILD Bernice Eunice Howes.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth: (Month) (Day) (Year)
Female			yes	Sept 24th 1912

FATHER	MOTHER
FULL NAME: Thomas Aloysius Howes	FULL MAIDEN NAME: Eunice Bernice Brownlee
RESIDENCE: Gooding, Idaho.	RESIDENCE: Gooding, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 years (Years)	AGE AT LAST BIRTHDAY: 19 years. (Years)
BIRTHPLACE: Washington, D. C.	BIRTHPLACE: Clinton, Ontario, Canada.
OCCUPATION: Automobile Engineer.	OCCUPATION: Housekeeper.

Number of child of this mother, including present birth: Second

Number of children of this mother now living, including present birth: Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. S. E. Johanson (Physician or midwife)

Address Gooding, Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Sept 25 19 12 C. G. Parker
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 8 1973

459-204-032295

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln.

City of Gooding

No. Oregon St.

Hospital Residence.

Registration District No. 5 File No. 8459

Primary Registration District No. 2614 Registered No. 159

FULL NAME OF CHILD Bonnie Jean Torrese Merritt,

Sex of Child: Female | Twin, Triplet or other? | and Number in order of birth | (To be answered only in event of plural births)

Legitimate? Yes.

Date of Birth: Sept. 4th (Month) (Day) 1912 (Year)

FATHER

FULL NAME: Wesley Peters Merritt,

RESIDENCE: Gooding, Idaho.

COLOR: White. AGE AT LAST BIRTHDAY: 27 years. (Years)

BIRTHPLACE: Irondale, Mo.

OCCUPATION: Automible Engineer.

MOTHER

FULL MAIDEN NAME: Bertha Ann Brenner.

RESIDENCE: Gooding, Idaho.

COLOR: White. AGE AT LAST BIRTHDAY: 28 years. (Years)

BIRTHPLACE: Lenox, Iowa.

OCCUPATION: Housekeeper.

Number of child of this mother, including present birth: Two.

Number of children of this mother now living, including present birth: Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. P. E. Johanson, (Physician or midwife)

Address Gooding, Idaho

Given names added from a supplemental report

.....19.....

.....Registrar

Filed Sept 25 19 17 M. A. Felder Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 10 1970

Certified copy issued 1-7-41 D.P.

312-205-032234

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 5 File No. 8460

Primary Registration District No. 2017 Registered No. 167

FULL NAME OF CHILD Alice Geraldine Casken

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		One	Yes	July 5, 1912

FATHER		MOTHER	
FULL NAME	John Charles Casken	FULL MAIDEN NAME	Ina V. Bluff
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Illinois
OCCUPATION	Baker	OCCUPATION	Housewife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 9 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

____ Registrar

(Signature) John F. Schmeer & Shallenberger

Jerome Idaho (Physician or Midwife)

Address Jerome Idaho

Filed Sept 1 19 12 E. D. Piper Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

P. C. 64 n4 | 41

314-10-02-196

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Lincoln

City of Gooding

Registration District No. 5

File No. 8461

No. ....., ... St.

Primary Registration District No. 2014

Registered No. 156

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Other	4th	Yes	Sept 2/12, 191...

FATHER	MOTHER
FULL NAME: Harry F Campbell	FULL MAIDEN NAME: Jessie A Irons
RESIDENCE: Gooding Ida.	RESIDENCE: Gooding Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Kokomo, Ind.	BIRTHPLACE: Lebanon, Ohio.
OCCUPATION: Railway Engineer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 noon, at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. Sears M.D.

Physician

(Physician or ~~Midwife~~)

Address Gooding, Ida.

Given names added from a supplemental report

....., 19.....

Filed Sept 29 19 13 C. F. Fuller

.....
Registrar

S-Y CO., 16670

Registrar

PLACE OF BIRTH

County of Lincoln

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V.S. No. U-Jan-6-20-11

997-214-832-283

PLACE OF BIRTH

Form U.S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 8462

County of Lincoln

City of Jerome

No. ____, ____ St.

Registration District No. 5

Primary Registration District No. 2017

Registered No. 160

Hospital ____ GENEVA VERA

FULL NAME OF CHILD ~~Baby~~ Rigney

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
F	X	X	Yes	July 14, 1912 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John D Rigney	Leoda G Lycan
RESIDENCE	Jerome Idaho	Jerome Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	31
BIRTHPLACE	Missouri	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward D Piper M D

(Physician or Midwife)

Address Jerome, Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug 1 19 12 E. D. Piper

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 8462

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Baby Rigney	Geneva Vera Rigney

Subscribed and sworn to before me this 8
day of Nov, 19 43

Notary Public, residing at Boise

My commission expires 1/4/47
(Seal)

Signed Leola G. Rigney
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

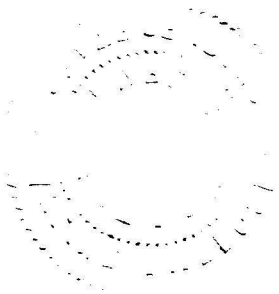
Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)



NOV 8 1943

115-117-032-719

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 8463

Primary Registration District No. 2017 Registered No. 161

FULL NAME OF CHILD Gordon Eugene Gauss

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Aug. 17, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Eugene G. Gauss	FULL MAIDEN NAME	Lydia M. Garden
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Merchant	OCCUPATION	House wife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward D Pyle M.D.

(Physician or Midwife)

Address Jerome Idaho.

Given names added from a supplemental report

....., 19.....

Filed Sept 1 1912 E. D. Pyle

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

681-131-032-269

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ~~2075~~ File No. 8464

Primary Registration District No. 2017 Registered No. 162

FULL NAME OF CHILD ~~HOWARD RESCOME~~ ~~XXXXXXXXXX~~ O Harrow

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	——	——	Yes	August 31- 191 2

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Frank W O'Harrow	FULL MAIDEN NAME Jennie Borden
RESIDENCE 6 mi S.W. of Jerome	RESIDENCE 6 mi S.W. Jerome Ida
COLOR white	AGE AT LAST BIRTHDAY 36 (Years)
COLOR W	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward D Piper M.D.

(Physician or Midwife)

Address Jerome Ida

Given names added from a supplemental report

....., 19.....

Filed Sept 2 19 12 E. D. Piper

Registrar

S-Y CO., 16670

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. # 8464
Date Filed Sept 2 - 1912

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) 1912
for Blank O'Harrow (Name on original certificate) who born (Was born or died) on Sept. 1, 1912 (Date of event)
in Jerome, Idaho, (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Blank O'Harrow	Howard Regeone O'Harrow
Date of birth	Sept. 1, 1912	Aug. 31, 1912

Subscribed and sworn to before me this 18th
day of October, 1941.
M E Jameson
Notary Public, residing at Jerome, Idaho
My commission expires July 19-1944
[SEAL]

Signed Blanche O'Harrow
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Jerome Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th
day of October, 1941.
M E Jameson
Notary Public, residing at Jerome, Idaho
My commission expires July 19-1944
[SEAL]

Signed Walter O'Harrow
(Signature of any credible person other than the previous affiant.)
Jerome Idaho
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

MAY 5 1943

NOV 16 1942

314-216032-559

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

Registration District No. 5

File No. 8465

No. ____, ____ St.

Primary Registration District No. 2017

Registered No. 163

Hospital ____

FULL NAME OF CHILD Mabel Margaret McCamentt

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	X		X	Yes	July 16, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Blaine McCamentt	FULL MAIDEN NAME Daisy Vestal
RESIDENCE	4 mi S. E. Jerome Ida	RESIDENCE Jerome Idaho 4 mi S.E.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years) 28
BIRTHPLACE	Ohio	Indiana
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward D Piper M.D.

(Physician or ~~Midwife~~)

Address Jerome Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 1 19 12 E. D. Piper

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

168-128-032-214

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome — Registration District No. 5 — File No. 8466

No. ____, ____ St. — Primary Registration District No. 2017 — Registered No. 164

Hospital ____

FULL NAME OF CHILD Donald Bauer Johnson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X	X	Yes	Aug 28, 1912

FATHER		MOTHER	
FULL NAME	John W. Johnson	FULL MAIDEN NAME	Marie Bauer
RESIDENCE	Jerome Idaho	RESIDENCE	Jerome Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Missouri	BIRTHPLACE	Nebraska
OCCUPATION	Well Driller	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 — Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

(Signature) Edward D Piper M.D.

(Physician or Midwife)

Address Jerome Idaho

Filed Sept 1 1912 E. D. Piper
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

432-283 6

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Ward

Registration District No 13 File No. 8467

No No St.

Hospital No

Primary Registration District No. 2053 Registered No. 179

FULL NAME OF CHILD Rhoda Mc Bride

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	Feb 23 1912

	FATHER	MOTHER
FULL NAME	Marion Mc Bride	FULL MAIDEN NAME Christiana Cooper
RESIDENCE	Thomas Ward	RESIDENCE Thomas Ward
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Farmer	OCCUPATION Wife & Mother

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford
Midwife
(Physician or Midwife)

Address Blackfoot R. #1

Given names added from a supplemental report

....., 19.....

Filed Sept 28 1912 W. E. Patino 2
Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Form V.S. No. II-C—10m-8-7-11

259-128-006249

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Thomas Yard

No ____, Na ____ St.

Hospital No

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No 13 File No. 8468

Primary Registration District No. 2053 Registered No. 180

FULL NAME OF CHILD Boy Berg unnamed.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Aug 28 1912

FATHER		MOTHER	
FULL NAME	Swan Berg	FULL MAIDEN NAME	Lulu Burke
RESIDENCE	Blkfoot R F D	RESIDENCE	Blkfoot R F D
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Sweden	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this Mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 3/4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B D Davis

(Physician or Midwife)

Address Blackfoot Idaho

Given names added from a supplemental report ____, 19____

Filed Sept 16 1912 W E Patrie

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

STATE OF IDAHO

CERTIFICATE OF BIRTH

755-229-006-462

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No No St.

Hospital No

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 19 File No. 8470

Primary Registration District No. 2053 Registered No. 182

FULL NAME OF CHILD Unnamed Pendlebury Alice Irene

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Sept 29 1912

	FATHER	MOTHER
FULL NAME	James Pendlebury	Margaret Moss
RESIDENCE	Blkfoot-S. Asylum	Blkfoot-S. Asylum
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	42	42
BIRTHPLACE	England	England
OCCUPATION	Farmer	

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) J B Davis MD

(Physician or Midwife)

....., 19..... Address .....

Registrar

Filed Oct 3 1912 M E Patrie

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

OCT 2 8 1975

819-220-006-699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No 767 Judicial St.

Hospital No

Registration District No 13 File No. 8471

Primary Registration District No. 1007 Registered No. 183

FULL NAME OF CHILD Unnamed Harmon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	Sept 20 1912

FATHER		MOTHER	
FULL NAME	Edwin Harmon	FULL MAIDEN NAME	Clara Wright
RESIDENCE	767 Judicial	RESIDENCE	767 Judicial
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Dana MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Oct 3 1912 W. E. Petrie

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

819-230-006-813

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot (Inspector's Ward) Registration District No. 23 File No. 8472

No. ____, ____ St.

Hospital No Primary Registration District No. 2053 Registered No. 18H

FULL NAME OF CHILD Unnamed Harris

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
F			Yes	Sept 30 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Robt. E. Harris	FULL MAIDEN NAME: Hannah M. Yates
RESIDENCE: Blackfoot RFD 3	RESIDENCE: Blackfoot RFD 3
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: farmer	OCCUPATION:

Number of child of this mother, including present birth: 5

Number of children, of this mother, now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5.45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Davis MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Oct 3 1912 W E Ritzie

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

813-225-006685

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Moreland Ward

Registration District No 13 File No. 8473

No ....., ... St.

Hospital No Primary Registration District No. 2053 Registered No. 185

FULL NAME OF CHILD Howard Hatch

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	/		/	Yes	Sep 15 191

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Jeremia Hatch	FULL MAIDEN NAME Lina Wheatley
RESIDENCE Blackfoot R.F.D #4	RESIDENCE Blackfoot R F D #4
COLOR W. AGE AT LAST BIRTHDAY 19 (Years)	COLOR W AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION farmer	OCCUPATION ———

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Oct 9 1912 W. G. Patric

Registrar

Regist.

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 28 1953

DEC 10 1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

41-113-006-336

PLACE OF BIRTH

Form V. S. No. 11-C—10m-9-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Moreland Yard

No ____, No ____ St.

Hospital No

Registration District No 13 File No. 8474

Primary Registration District No. 2053 Registered No. 186

FULL NAME OF CHILD ~~Child~~ John Theodore Adams.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Male				Yes.	Sep. 13 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Quincy Adams.	FULL MAIDEN NAME	Jane Clough
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR		COLOR	
AGE AT LAST BIRTHDAY	Thirty (Years)	AGE AT LAST BIRTHDAY	Twenty two (Years)
BIRTHPLACE	Cash Valey Utah	BIRTHPLACE	Chesterfield Idaho
OCCUPATION	Farmer.	OCCUPATION	

Number of child of this mother, including present birth Three

Number of children, of this mother, now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ____ M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. S. S. Hammond

(Physician or Midwife)

Address Blackfoot Idaho R. — 4

Given names added from a supplemental report

....., 19.....

Filed Oct 3 1912 M E. Patrick

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

8474

State of Idaho, } ss.
County of Bannock, }

Certificate No. .....
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for John Theodore Adams (Name on original certificate) who was born (Was born or died) on September 13th, 1912, (Date of event)
in Blackfoot (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by certificate of Blessing or Baptism, (Bible record, insurance policy, etc.) prepared on December 3d, 1912, (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Carl John Adams	John Theodore Adams

Subscribed and sworn to before me this 27th
day of December, 19 41.

Thos. J. Turner,
Notary Public, residing at Pocatello, Idaho.
My commission expires Oct. 15th, 1944.
[SEAL]

Signed Jane Clough Adams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Mother.

718 N. 7th Ave., Pocatello, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Bannock, }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of December, 19 41.

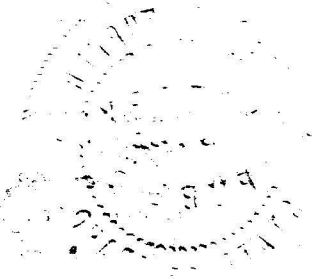
Thos. J. Turner,
Notary Public, residing at Pocatello, Idaho,
My commission expires Oct. 15th, 1944.
[SEAL]

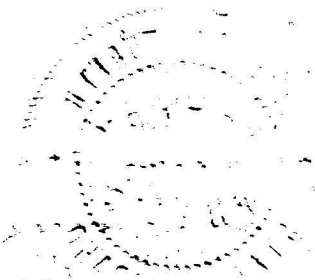
Signed John G. Adams
(Signature of any credible person other than the previous affiant.) Father.

718 N. 7th Ave., Pocatello, Idaho.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

DEC 2 9 1941





365-221-006-731

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. No St.

Hospital No

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 13 File No. 8475

Primary Registration District No. 2053 Registered No. 187

FULL NAME OF CHILD Eva Geraldine Conklin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept. 21, 1912

FATHER	MOTHER
FULL NAME Meril Conklin	FULL MAIDEN NAME ~~Roberts~~ Merida Plant
RESIDENCE R.F.D. #4 Blackfoot, Ida.	RESIDENCE R.F.D. #4, Blackfoot, Ida.
COLOR White AGE AT LAST BIRTHDAY 24 (Years)	COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Colorado	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis N. Poole, MD

(Physician or Midwife)

Address Blackfoot, Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 3 19 12 M. E. Patrick

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

569-122-0006-519

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Sugar Factory St.

Hospital no

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 13 File No. 8476

Primary Registration District No. 2053 Registered No. 188

FULL NAME OF CHILD Howard William Norton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Sept. 22, 1912

FATHER		MOTHER	
FULL NAME	Thomas N. Norton	FULL MAIDEN NAME	Jessie Varley
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Missouri	BIRTHPLACE	England
OCCUPATION	Asst. Supt. Sugar Factory	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis N. Poole, M.D.

Blackfoot, Idaho

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Oct 3 19 12 W. E. Patrie

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 8 1970

815-210 (1-06) 303

[redacted]

Form V. S. No. 11-C—10m-8-7-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Blackfoot Rural

Registration District No 13 File No. 8477

No No St.

Hospital No Primary Registration District No. 2053 Registered No. 189

FULL NAME OF CHILD Unnamed Hanson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Sept 10, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hans A. Hanson	Katie Solmie
RESIDENCE	Blackfoot R.F.D. # 1	do
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	House wife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie

Phys

(Physician or Midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 20 1912 W. E. Patrie

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

331-101-0006-285

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot Rural

No No, No St.

Registration District No 13 File No. 8478

Hospital No

Primary Registration District No. 2053 Registered No. 190

FULL NAME OF CHILD Raymond Algene Clayton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Sept 1st 1912

FATHER	MOTHER
FULL NAME: Raymond H. Clayton	FULL MAIDEN NAME: Ada Sherrer
RESIDENCE: Blackfoot Sugar Factory	RESIDENCE: Do
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Book Keeper	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1145 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patrie

Phys (Physician or Midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 10, 1912 M. E. Patrie Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

DEC 24 1942

113-203-006-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot Rural

No No St.

Hospital No

Registration District No 13 File No. 8479

Primary Registration District No. 2053 Registered No. 191

FULL NAME OF CHILD Mary Ellen Jacobson

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	—	Yes	Sept 3 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mont Jacobson	FULL MAIDEN NAME	Nellie Burns
RESIDENCE	Blackfoot Idaho	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Iowa	BIRTHPLACE	England
OCCUPATION	Dry goods clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5-20 P. M. on the date above stated.

(Signature) M E Patrick

Phys (Physician or Midwife)

Address Blackfoot Idaho

Filed Sept 10 19 12 M E Patrick Registrar

*"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BKBS. 17225

DEC 20 1961

OCT 11 1945

MAR 16 1944

95-8-202.006-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No No St.

Hospital No

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 13 File No. 8480

Primary Registration District No. 1007 Registered No. 192

FULL NAME OF CHILD Helen Reynolds

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Sept 2, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Lowrey Reynolds	Em Robertson
RESIDENCE	Blackfoot Idaho	Do
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	23
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrick

Phys. (Physician or Midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 9, 19 12 W. E. Patrick

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

JUN 1 1 1974

365-12-0006-693

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Ward

Registration District No 13 File No. 8481

No ——, No —— St.

Hospital No Primary Registration District No. 2053 Registered No. 193

FULL NAME OF CHILD Stanley Davon Covington

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Sept 12, 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Marlow T. Covington	FULL MAIDEN NAME: Jane Williams
RESIDENCE: Blackfoot R.F.D. No 2.	RESIDENCE: Do
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 5

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 9.20 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patrie

Phys (Physician or Midwife)

Address Blackfoot, Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 23 19 12 M. E. Patrie Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 2 0 1944

515-220-006-196

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Groveland

No ____, No St.

Hospital No

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 13 File No. 8482

Primary Registration District No 2053 Registered No. 194

FULL NAME OF CHILD LOTS Maynard Vance

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Sept 20, 1912

FATHER

FULL NAME Hyrum B. Vance

RESIDENCE Blackfoot R 7 D. # 1

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Serena Broadbent

RESIDENCE

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) W. E. Patrick

Phys.
(Physician or Midwife)

Address Blackfoot, Idaho

Filed Oct 1 1912 W. E. Patrick
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Utah } ss.

Certificate No. 8482

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lois Vance (Name on Original Certificate) who Born (Was Born or Died) on Sept 20th 1912 (Date of Event)
in Groveland Bingham Idaho (Place of Event) ~~are erroneous~~ or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on Sept 30th 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Lois Vance

Subscribed and sworn to before me this 9 day of June, 19 42

Ruen Morgan
Notary Public, residing at Provo Utah

My commission expires Jan 21-1945
(Seal)

Signed Mrs Serena B. Vance
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

441 E. 7th N. Provo Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Utah } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of June, 19 42

Ruen Morgan
Notary Public, residing at Provo Utah

My commission expires Jan 21-1945.
(Seal)

Signed Stephens S. Vance
(Signature of any Credible Person Other Than Previous Year)

441 E. 7th N. Provo Utah
(Street Address, City, State)

JUN 11 1942

MAY 30 1974

451-130-006-855

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Moreland Rural

No No St.

Hospital No

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 13 File No. 8483

Primary Registration District No 2053 Registered No. 195

FULL NAME OF CHILD Unnamed Bearden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Sept 30 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Byron Bearden	Mary Emma Hemsley
RESIDENCE	Blackfoot R#6 #4	do
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	40
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patrie

Phys

(Physician or Midwife)

Address Blackfoot Idaho

Filed Oct 3 19 12 M. E. Patrie

Registrar

Given names added from a supplemental report

....., 19.....

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

154-229-006719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bingham

City of Thomas Yard

No No St.

Hospital No

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 13 File No. 8484

Primary Registration District No. 2053 Registered No. 196

FULL NAME OF CHILD XXXXXXXXXXXXXXXXXX Anderson PHYLLIS VALINE

Sex of Child Female | Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Sept 29, 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Phillip Anderson	FULL MAIDEN NAME Lillian Cora Parsons
RESIDENCE Blackfoot R.F.D. # 2	RESIDENCE Do
COLOR White — AGE AT LAST BIRTHDAY 30 (Years)	COLOR White — AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Petrie

Phys (Physician or Midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 3, 19 12 M. E. Petrie Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 14 1945

STATE OF IDAHO

PLACE OF BIRTH

86b205-006-613

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Ward # 1 St.

Hospital No

Registration District No. 13 File No. 8485

Primary Registration District No. 2053 Registered No. 197

FULL NAME OF CHILD Ova Harwood

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept 5 1912

FATHER	MOTHER
FULL NAME B. J. Harwood	FULL MAIDEN NAME Kate Falk
RESIDENCE Blackfoot, Idaho # 3	RESIDENCE Blackfoot Idaho # 3
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 50 (Years)	AGE AT LAST BIRTHDAY 46 (Years)
BIRTHPLACE New York	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Mitchell

(Physician or midwife)

Address

Given names added from a supplemental report

.....19.....

Filed Oct 3 1912 M. E. Patrie

.....
Registrar

.....
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 12-335285

NAME
CHANGE

HAND WRITING

Z - HOWARD
FOLTZ

319-211-0006-632

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Firth

No. ..... St.

Hospital .....

Registration District No. 13 File No. 8486

Primary Registration District No. 2053 Registered No. 198

FULL NAME OF CHILD Nellie Carlson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 11 1912

FATHER		MOTHER	
FULL NAME	Nels. Carlson	FULL MAIDEN NAME	Mary Olson
RESIDENCE	Firth Idaho	RESIDENCE	Firth Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Mitchell

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed Oct 3 19 12 M. E. Patrie

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1411-1141 006814

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Bloadfoot-Midland Ward — Registration District No. 13 — File No. 8487

No. No St. — Primary Registration District No. 2053 — Registered No. 199

Hospital No

FULL NAME OF CHILD William Adams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 14 1912

FATHER	MOTHER
FULL NAME: John Adams	FULL MAIDEN NAME: Mabel Hammond
RESIDENCE: Bloadfoot Idaho # 4	RESIDENCE: Bloadfoot Idaho # 2
COLOR: White — AGE AT LAST BIRTHDAY (Years): 22	COLOR: White — AGE AT LAST BIRTHDAY (Years): 20
BIRTHPLACE: Idaho	BIRTHPLACE: Utah
OCCUPATION: Housewife	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 — Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10. P. M. on the date above stated.

(Signature) F. W. Mitchell

(Physician or midwife)

Address

Filed Oct 3 1912 — W. E. Petrie, Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

....., Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

549-118-006-165

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 8488
Local Reg. No.
Reg. Dist. No. 13

Amended 12/21/76

1. PLACE OF BIRTH
a. COUNTY: Bingham
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Thomas Ward
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot #2
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Orvil
b. (Middle): Lewis
c. (Last): Murdock

4. SEX: Male
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Sept 18, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Daniel
b. (Middle): L.
c. (Last): Murdock, Jr.

8. AGE (At time of this birth): 23 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Idaho
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Pearl
b. (Middle):
c. (Last): Jones

13. AGE (At time of this birth): 21 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Colorado
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: F. W. Mitchell
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS:
20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Oct 3, 1912
22. REGISTRAR'S SIGNATURE: W. W. Patrie
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewritten about at completing this certificate. This certificate should be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

Certificate No. 8488

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Rory Murdock (Name on Original Certificate) who was born (Was Born or Died) on Sept 18, 1912 (Date of Event)
in Thomas, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Rory, Murdock	Orvil Lewis Murdock

Subscribed and sworn to before me this 17th day of December, 1976

Signed Bernice P. Murdock
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Blackfoot, Ida.
My commission expires Feb. 1, 1980
(Seal)

R. 5 Box 466 Blackfoot Idaho 83221
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Signed
(Signature of Any Credible Person)

Notary Public, residing at
My commission expires
(Seal)

(Street Address, City, State)

FORM DH 60-155 CL 12/13/76 Rush!

SXXX

449-118-006-165

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Mud

No. ..... St.

Hospital .....

Registration District No. 13 File No. 8488

Primary Registration District No. 2053 Registered No. 200

FULL NAME OF CHILD Roy Murdock

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 18 1912

FATHER	MOTHER
FULL NAME: Daniel L Murdock Jr	FULL MAIDEN NAME: Pearl Jones
RESIDENCE: Blackfoot, Idaho # 2	RESIDENCE: Blackfoot Idaho # 2
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Colorado
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed Oct 3 1912

W E Patrie
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 3 1976

DEC 2 1 19

459-120-006-813

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Garland

No. No St.

Hospital No

Registration District No. 13 File No. 8489

Primary Registration District No. 2053 Registered No. 201

FULL NAME OF CHILD ~~Henry Merrill~~ DONALD GOWER MERRILL

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes	Sept. 20 1912

FATHER

FULL NAME J H Merrill

RESIDENCE Blackfoot, Idaho

COLOR White AGE AT LAST BIRTHDAY 44. (Years)

BIRTHPLACE Utah.

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Grace Hall.

RESIDENCE Utah.

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Utah

OCCUPATION Housework

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 3.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W Mitchell

(Physician or midwife)

Given names added from a supplemental report

.....19.....

Address .....

Filed Oct 3 19 12 M E Patrie

.....
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Cache }

Certificate No. 8489

Date Filed 4 Oct 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Donald Gower Merrill (Name on Original Certificate) who Born (Was Born or Died) on 20 Sep 1912 (Date of Event)
in Groveland, Ida (Place of Event) are erroneous or ~~were omitted~~; and that, to the best of his knowledge, the
true facts are shown by Record of birth (Bible Record, Insurance Policy, Etc.) prepared on Family Record, (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Harry	Donald Gower Merrill
Donald Gower Merrill	Son of Joseph Harris Merrill and Grace Emma Hale	

Subscribed and sworn to before me this 14th day of October, 1942

L. E. Nelson
Notary Public, residing at Logan, Utah,
My commission expires 10-27-1945
(Seal)

Signed Joseph Harris Merrill Sr.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

454 E 4 No Logan Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of October, 1942

L. E. Nelson
Notary Public, residing at Logan Utah
My commission expires 10-27-1945
(Seal)

Signed Grace Emma Hale, Mrs.
(Signature of Any Credible Person Other Than Previous Year)

454 E 4 N. Logan, Utah.
(Street Address, City, State)

NOV 9 1942

NOV 17 2005

NOV 17 2005

454-106-006-271

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 8490

Primary Registration District No. 2029 Registered No. 202

FULL NAME OF CHILD Unnamed Underwood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	Sept. 6, 1912

FATHER		MOTHER	
FULL NAME	Frank Underwood	FULL MAIDEN NAME	Emma Stanley
RESIDENCE	Aberdeen, Ida.	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Salem, Utah	BIRTHPLACE	Spanish Fork
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon, M. D.

(Physician or Midwife)

Address Aberdeen Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 9 1912 M. C. MacKinnon Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

269-113:006-141

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

No. ____, ____ St.

Hospital ____

Registration District No. 13 File No. 8492

Primary Registration District No. 2029 Registered No. 204

FULL NAME OF CHILD Robert Wayne Borneman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	Sept 13, 1912

FATHER		MOTHER	
FULL NAME	Frank Borneman	FULL MAIDEN NAME	Jennie Adamson
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:20 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Mina Kinnon

(Physician or Midwife)

Address Aberdeen Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 15 19 12 Mrs. Mina Kinnon

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 20 1942

319-226-006331

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

*No*_____, _____ *St.*

Hospital _____

Registration District No 13 **File No.** 8493

Primary Registration District No. 2028 **Registered No.** 215

FULL NAME OF CHILD Unnamed Larsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Sept 26, 1912

FATHER		MOTHER	
FULL NAME	Julius Larsen	FULL MAIDEN NAME	Grace Claypool
RESIDENCE	Aberdeen, Ida.	RESIDENCE	Aberdeen, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:12 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Martinson M.D.

(Physician or Midwife)

Address Aberdeen Ida

Given names added from a supplemental report

_____, 19____

Filed Sept 26 1912

_____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

993-227,040-3

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 28

File No. 8494

No. ..... St.

Primary Registration District No. 1011

Registered No. 46

Hospital Hope

FULL NAME OF CHILD Edith Lillian Rice

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
F		3	yes	Aug 27, 1912
	(To be answered only in event of plural births)			(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank E. Rice	FULL MAIDEN NAME	Zilpha Pearl Chase
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Minnesota	COLOR	White
OCCUPATION	Locomotive Fireman	AGE AT LAST BIRTHDAY (Years)	30
		BIRTHPLACE	Wisconsin
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:20 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Rice M.D.

(Physician or Midwife)

Address Wallace Idaho

Given names added from a supplemental report

Sept. 18, 1912

H. Leo Dunkley

Registrar

Filed Sept. 16, 1912 H. Leo Dunkley

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912 - 335064

28-125-040-764

PLACE OF BIRTH

STATE OF IDAHO

V. S. 12-C-15m-6-21-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County Shoshone

City of Wallace Registration District No. 28 File No. 8495

No. , Cypress St. Primary Registration District No. 10 11 Registered No. 47

Hospital James

FULL NAME OF CHILD ~~Sidney~~ Goddard Shorts

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 25 1912

FATHER	MOTHER
FULL NAME Sidney Latham Shorts	FULL MAIDEN NAME Mabel Goddard
RESIDENCE Wallace, Ida	RESIDENCE Wallace Ida
COLOR White AGE AT LAST BIRTHDAY 31 (Years)	COLOR White AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE Minn.	BIRTHPLACE Ont. Can.
OCCUPATION Mining Engineer	OCCUPATION Hw

Number of child of this mother, including present birth

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11:55 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or Midwife)

Address Wallace, Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept. 4, 1912 W. Leo Dunsley

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 3 1962

817-105-040-766

PLACE OF BIRTH
Amended 7-11-75

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace Registration District No. 28 File No. 8496

No. St.

Primary Registration District No. 10 11 Registered No. 28

Hospital Providence

FULL NAME OF CHILD Louis Edwin Ingberg

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	one	1st	Yes	Sept 5, 1912

FATHER		MOTHER	
FULL NAME	Olof Ingberg	FULL MAIDEN NAME	Hilda Pool
RESIDENCE	Wallace, Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Millman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physician

(Physician or Midwife)

Address Wallace Ida

Filed Sept. 14, 1912 Leo Lundgren Registrar

Given name added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 30 3 35 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 8496

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Edwin Hegberg (Name on Original Certificate) who was born (Was Born or Died) on Sept. 4, 1912 (Date of Event)
in Wallace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Edwin Hegberg	Louis Edwin Hagberg
father's last name	Hegberg	Hagberg
Date of birth	Sept. 4, 1912	Sept. 5, 1912

Subscribed and sworn to before me this 27th day of June, 1975

Howard E. Cottell
Notary Public, residing at Myrtle Creek Oregon
My commission expires 11-11-75
(Seal)

Signed Robert E. Kelly
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Box 850 Myrtle Creek, Oreg.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Douglas } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of June, 1975

Howard E. Cottell
Notary Public, residing at Canyonville, Ore.
My commission expires 9-29-77
(Seal)

Signed Edith M. Stevenson
(Signature of Any Credible Person)
R.R. Rt. Myrtle Creek, Ore
(Street Address, City, State)

FORM DH 60-155

CL 6/13/75 RUSH!! 1 copy # 10409

brother's birth certif. on file in Idaho #18464. born Nov. 19, 1913 at Coeur d'Alene, Idaho. name as Harry Hagberg and father's name as Olaf Hagberg. viewed by V. S.

JUL 11 1975

Selective service card dated July 19, 1945 gives name as Louis Edwin Hagberg. No. 880. viewed by V. S.

Membership card from the Grand Lodge of Ancient Free and Accepted Masons of Oregon gives name as Louis E. Hagberg. dated March 30, 1949. viewed by V. S.

693-217040259

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 28

File No. 8497

No. ____ St.

Primary Registration District No. 1011

Registered No. 49

Hospital Providence

FULL NAME OF CHILD ANNIE MARGARET Fite

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	one	1st	yes	Sept 17, 1912

	FATHER	MOTHER
FULL NAME	Chas Fite	FULL MAIDEN NAME Nettie Fridgley
RESIDENCE	Mullan Ida	RESIDENCE Mullan Ida
COLOR	W.	COLOR W
AGE AT LAST BIRTHDAY	28 (Years)	20 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE Michigan
OCCUPATION	Miner	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowry

Physician

(Physician or Midwife)

Wallace Ida.

Address

Given name added from a supplemental report

....., 19.....

Filed Sept. 23, 1912 St. Leo Quigley

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Okanogan }

Certificate No. 8497

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept. 17, 1912 (DATE OF EVENT)
in Wallace Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Baby record book (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Sept. 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Annie Margaret Fite

Subscribed and sworn to before me this 7th
day of November, 19 42.
Mary F. Green
Notary Public, residing at Oroville
My commission expires April 9, 1944
(SEAL)

Signed Charles Wallace Fite
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Oroville, Washington
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Whatcom }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of February, 19 43.
Mildred Southern
Notary Public, residing at Bellingham
My commission expires June 14, 1943
(SEAL)

Signed Mrs. William Reid
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
2123 Franklin St.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 1 9 1943

264-222-040-799

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace Registration District No. 28 File No. 8498

No. ____ St. ____

Hospital Providence Primary Registration District No. 10-11 Registered No. 50

FULL NAME OF CHILD Marguerite Catherine Dobbs

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
F	one	2nd	Yes	Sept 22 (Month), (Day), 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Dobbs Deceased	Belle Grimmett
RESIDENCE	—	Mullan Ida
COLOR	W	W
AGE AT LAST BIRTHDAY	39 (Years)	38 (Years)
BIRTHPLACE	France	Oregon
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowry

Physician (Physician or Midwife)

Address Wallace Ida

Given name added from a supplemental report

....., 19.....

Filed Sept. 23, 1912 T. Leo Langley Registrar

.....

S-Y CO., 16669 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912 - 309395

114-111-018-489

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 8499

Primary Registration District No. 2078 Registered No. 51

FULL NAME OF CHILD: Earl Raymond James

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Sept 11 1912

FATHER		MOTHER	
FULL NAME	Wm Austin James	FULL MAIDEN NAME	Anna Myers
RESIDENCE	Orofino Idaho	RESIDENCE	Orofino, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ill.	BIRTHPLACE	Neb
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Tarbet

Physician

(Physician or midwife)

Address Orofino, Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept 11 19 12 J M Tarbet

..... Registrar

Registrar

S-Y CO. 20174

[redacted]

[redacted]

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of So. Dak. } ss.
County of Bon Homme

Certificate No. 8499

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Erle Raymond James (Name on Original Certificate) who born (Was Born or Died) on Sept. 11- 1912 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Sept. 11-1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Erle	Earl Raymond James

Subscribed and sworn to before me this 7th
day of July, 1942

Notary Public residing at Springfield, S.D.
My commission expires Oct. 12-1943
(Seal)

Signed Ora Austin James
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Springfield, So. Dak.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

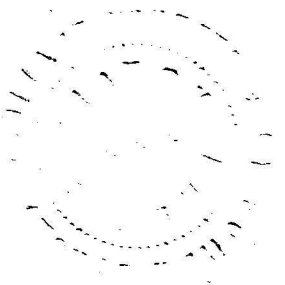
Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 10 1942

JUL 14 1942



281-013-018-493

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 8500

Primary Registration District No. 2078 Registered No. 52

FULL NAME OF CHILD Edith Marie Shaw

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept. 13 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Audrey Shaw	Jessie Miller
RESIDENCE	Orofino, Ida	Orofino, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	23
BIRTHPLACE	Mo.	Mo.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ____

(Physician or midwife)

Address ____

Given names added from a supplemental report

....19....

....
Registrar

Filed Sept 16 19 12 J M Sandy
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 7 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Russell

799-114-018-443

No. ..... St.

Hospital .....

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

Form V.S. No. 11-C—Rev. 5-1942

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 8501

Primary Registration District No. 2078 Registered No. 53

FULL NAME OF CHILD Imparlis Harald Grimm

Sex of Child Male

Twin / Triplet or other? } and { Number in order of birth

(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Sept 4 1917 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME August Grimm	FULL MAIDEN NAME Emma Muller
RESIDENCE Russell Ida	RESIDENCE Russell, Ida
COLOR White	AGE AT LAST BIRTHDAY 47 (Years)
BIRTHPLACE Minn.	COLOR White
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 41 (Years)
	BIRTHPLACE N. Y.
	OCCUPATION Housewife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Tarby

Physician

(Physician or midwife)

Address Oroflino, Ida

Given names added from a supplemental report

..... 19.....

Filed Sept 14 1917

J. M. Tarby

Registrar

S-Y CO. 20174

Registrar

DECEASED

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

8502

County of Bannock

City of American Falls Registration District No. 18 File No.

866 - 207-036 - 245

No. , St. Primary Registration District No. 2072 Registered No. 333

Hospital

FULL NAME OF CHILD Helen Hoobler

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	6 - 7, 1917

	FATHER	MOTHER
FULL NAME	Elmer Hoobler	FULL MAIDEN NAME Pearl Burrell
RESIDENCE	American Falls, Idaho	RESIDENCE American Falls, Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE Illinois
OCCUPATION	Carpenter	OCCUPATION Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Richard H. Wolfe

Physician

(Physician or Midwife)

Address American Falls Ida

Filed Oct 5 19 17 J. C. Ray
Registrar

S-Y CO., 16670

Form V. S. No. 11-C—15m-2-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

B402

PLACE OF BIRTH

County of

249 - 23-036-554

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Owyhee

City of American Falls Registration District No. 18 File No. 8503

No. ____, ____ St. Primary Registration District No. 207v Registered No. 334

Hospital ____

FULL NAME OF CHILD Not named

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	July 31, 1913

FATHER		MOTHER	
FULL NAME	George Sure	FULL MAIDEN NAME	Rosina Neuhart
RESIDENCE	American Falls, Ida	RESIDENCE	American Falls, Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Russia	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8-35A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Roth

Physician

(Physician or Midwife)

Address American Falls Ida

Filed Oct 6 1913 D C Ray Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-29-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

469-218-036-555

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cuerda

City of American Falls Registration District No. 18 File No. 8504

No. ....., ... St.

Primary Registration District No. 2072 Registered No. 335

Hospital .....

FULL NAME OF CHILD ~~Not Named~~ Helen Wave Morris

Helen Wave Morris

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Aug 18, 1912

FATHER		MOTHER	
FULL NAME	B. Thomas Morris	FULL MAIDEN NAME	Helen Wube
RESIDENCE	American Falls Idaho	RESIDENCE	American Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:20a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard T Mock

Physician

(Physician or Midwife)

Address American Falls Ida

Given names added from a supplemental report

....., 19.....

Filed Oct 5th 19 12 D C Ray

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. U-S—1949 (1-50)

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

8504

SUPPLEMENTAL REPORT OF BIRTH

AUG 10 19

Registered Number 325

Registration District No. 18

Place of Birth { City American Falls
Street and House No.
County Oneida

Sex of Child Female

Date of Birth, Aug (Month) 18th (Day) 1912 (Year)

Full Name of Father Heber Thomas Marrs

Full Maiden Name of Mother Helen Meley

I HEREBY CERTIFY that the child described herein has been named:

Helen Agnes Marrs
(Given name in full) (Surname)

as reported by Father
(Father or Mother)

L Hay
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

795-120-036-219

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. 2nd Rev. 10m 6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of American Falls Registration District No. 18 File No. 8505

No. ____, ____ St.

Primary Registration District No. 2072 Registered No. 336

Hospital

FULL NAME OF CHILD Harold Frederick Greene

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Aug 20, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chester Greene	Annie Barber
RESIDENCE	American Falls	American Falls Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	New York	Colorado
OCCUPATION	Grain buyer	Housework

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Wolf

Physician

(Physician or Midwife)

Address American Falls Ida

Given names added from a supplemental report

..... 19.....

Filed Oct 8 19 12 D. C. Kay

..... Registrar

Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

466-226-037-255

PLACE OF BIRTH

County of Oneida

City of American Falls. Registration District No. 15 File No. 8506

No. ____, ____ St. Primary Registration District No. 2042 Registered No. 337

Hospital ____

FULL NAME OF CHILD Luella Moore

Form V. S. No. 11-C—15m-6-25-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child: Female	Twin, Triplet, or other? — (To be answered only in event of plural births) and Number in order of birth —	Legitimate? Yes	Date of birth: Aug. (Month) 26 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	James Kuhn Moore	FULL MAIDEN NAME	Sarah Jane Kent
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. MacKenna, M. D.

(Physician or Midwife)

Address Aberdeen, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Aug 29, 1912 L. C. Ray Registrar

S-Y CO., 16670 Registrar

K

DEC 14 1964

Corrections made from certificate #317044.

DECEASED

Dup 01912-317044

386 - 105 - 036 - 363

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.: In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Oneida

City of Preston

No ____, ____ St.

Hospital ____

Registration District No. 18 File No. 8508

Primary Registration District No. 2619 Registered No. 339

FULL NAME OF CHILD Willis Jacob Cholen.

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One	1	Yes	June 5, 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Jacob Cholen.	FULL MAIDEN NAME Ellen Cole.
RESIDENCE Preston Ida	RESIDENCE Fourieston Ida.
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Fourieon Ida.	COLOR White
OCCUPATION Mail carrier.	AGE AT LAST BIRTHDAY 20 (Years)
	BIRTHPLACE Fourieon Ida.
	OCCUPATION Housewife

Number of child of this mother, including present birth. One

Number of children, of this mother, now living, including present birth. One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was A Born alive (Born alive or stillborn), at 4:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkerson M.D.

Preston Ida (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Oct 4 1912 D C Kay Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

DUP OF 12-335526

319-224-036-317

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Preston

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 — File No. 8509

Primary Registration District No. 2119 — Registered No. 340

FULL NAME OF CHILD Emma Cazier

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Sng			yes	June 24 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME D M Cazier	FULL MAIDEN NAME Mable Ellen Capman
RESIDENCE Preston	RESIDENCE Preston
COLOR White — AGE AT LAST BIRTHDAY 26 (Years)	COLOR White — AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Ogden Ut	BIRTHPLACE Prestonida,
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth. Two

Number of children, of this mother, now living, including present birth. Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 12.45 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G T Parkinson M.D.

(Physician or Midwife)

Address Preston Ida,

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 1912 D C Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

APR 15 1970

OCT 29 1973

469 - 110-036-79.5

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Franklin Ida

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 8510

Primary Registration District No. 2119 Registered No. 341

FULL NAME OF CHILD Andrew Morrison

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Male	—	—	yes	Sept 10 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alma Morrison	FULL MAIDEN NAME	Amy Gregory
RESIDENCE	Franklin Ida	RESIDENCE	Franklin Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Franklin Idaho	BIRTHPLACE	Cove Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Sept 10 1912, at 4 10 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Stalker M D

(Physician or Midwife)

Address Franklin Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 4 1912 D C Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

264-111-036-271

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Fairview

Registration District No. 18 File No. 8511

No. ____, ____ St.

Hospital ____ Primary Registration District No. 219 Registered No. 347

FULL NAME OF CHILD Theoda L. Bodily

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	L		L	Yes	Sept 11, 1913

FATHER		MOTHER	
FULL NAME	Edwin Bodily Jr	FULL MAIDEN NAME	Roxanna Spackman
RESIDENCE	Fairview Idaho	RESIDENCE	Fairview Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kaysville Utah	BIRTHPLACE	Lewiston Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Sept 11 - 1913, at 5-10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Stables M D

(Physician or Midwife)

Address Franklin Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 4 1913 D C Ray

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of

299 - 215-036-132

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Oneida

City of Preston

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 File No. 8512

Primary Registration District No. 2119 Registered No. 348

FULL NAME OF CHILD ~

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	~		~	Yes	Sept 15 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Gilbert Bright	FULL MAIDEN NAME	Ruth Alboston
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	41
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Richmond Utah	BIRTHPLACE	Richmond Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Sept 15 1912 at 10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Stalker M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Franklin Ida

Filed Oct 4 1912 D C Ray

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Registrar

792-124-076-366

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Grace

No ____, ____ St.

Hospital ____

Registration District No. 18 File No. 8513

Primary Registration District No. 2119 Registered No. 344

FULL NAME OF CHILD Budrave Gibson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Sept 24, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harvey Gibson	Lucy Lowe
RESIDENCE	Grace Idaho	Grace Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	28
BIRTHPLACE	Franklin Ida	Franklin Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. Sept 24 - 1912 at 9:20 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Slater M D

(Physician or Midwife)

Address Franklin Ida

Given names added from a supplemental report

....., 19....

Filed Oct 4 1912 D C Ray

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

465-125-036-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Preston

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 8515

Primary Registration District No. 2119 Registered No. 346

FULL NAME OF CHILD Heber Glenn Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One	One	Yes	9 20 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Heber G. Davis	Laura Jensen
RESIDENCE	Preston Ida	Preston Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	20	16
BIRTHPLACE	Mapleton Ida.	Preston Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth. One

Number of children, of this mother, now living, including present birth. One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a.m., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. J. Parkinson M.D.

Preston Ida (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Oct 5 19 12 J. C. Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Amended 6/4/71

319-214-036-253

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 8516
Local Reg. No.
Reg. Dist. No. 18

1. PLACE OF BIRTH
a. COUNTY: Oneida
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mink Creek
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mink Creek
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Zelda
b. (Middle):
c. (Last): Larsen

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Sept. (Day) 14, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Elmer
b. (Middle):
c. (Last): Larsen

8. AGE (At time of this birth): 20 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Mantua, Utah

10. USUAL OCCUPATION: Farming

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Kloa
b. (Middle):
c. (Last): Keller

13. AGE (At time of this birth): 30 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Mink Creek, Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Serena Christensen

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Oct 4, 1912

22. REGISTRAR'S SIGNATURE: D. C. Ray

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

5-20-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Franklin } ss.

RECEIVED
JUN 2 - 1971
Bureau of Vital Statistics

Certificate No. 8516

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Serena Christensen Larsen (Name on Original Certificate) who was born (Was Born or Died) on Sept. 14, 1912 (Date of Event)
in Mink Creek, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Serena Christensen Larsen	Zelda Larsen

Subscribed and sworn to before me this 1 day of June, 1971

Notary Public, residing at Preston Idaho
My commission expires 3-4-74
(Seal)

Signed Klora (Chloe) K Larsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
133 So 3rd E. Preston, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Franklin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day of June, 1971

Notary Public, residing at Preston Idaho
My commission expires 3-4-74
(Seal)

Signed Charity Larsen
(Signature of Any Credible Person)
259 East Oneida Preston Idaho
(Street Address, City, State)

FORM DH 60-155

1 cp pd rec# 14909 C.C.

Certificate of Baptism and Confirmation states that name of child is Zelda Larsen daughter of Elmer Larsen and Chloa Keller born Sept. 14, 1912 at Mink Creek, Idaho. Baptized April 2, 1921 in L.D S.Church.
Viewed by V.S.

Certificate of birth from the LDS Church gives child's name as Zelda Larsen born Sept. 14, 1912 at Mink Creek, Idaho. Father's name Elmer Larsen and mother's maiden name Chloa Keller. Entered on record Nov. 3, 1912. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAH[O] V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statisti[cs]

CERTIFICATE OF BIRTH

County of Oneida

City of Stink Creek Registration District No. 18 File No. 8516

No. ....., ... St. Primary Registration District No. 711 9 Registered No. 347

Hospital .....

FULL NAME OF CHILD Serena Christensen Larsen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Sept 14, 191[2]

FATHER		MOTHER	
FULL NAME	Elmer Larsen	FULL MAIDEN NAME	Elva Keller
RESIDENCE	Stink Creek	RESIDENCE	Stink Creek
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Manti Utah	BIRTHPLACE	Stink Creek
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

(Signature) Serena Christensen

Midwife (Physician or Midwife)

Address Stink Creek Idaho

Filed Oct 4 19 12 D C Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

K

551-128-036-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Stone

No ——, —— St.

Registration District No 18 File No. 8517

Hospital ——

Primary Registration District No. 2071 Registered No. 348

FULL NAME OF CHILD Percy Willis Neal

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept 28, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fredrick Charles Neal	Anne Christian Daley
RESIDENCE	Stone	Stone
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	27
BIRTHPLACE	America	America
OCCUPATION	Farmer	None

Number of child of this mother, including present birth fifth

Number of children, of this mother, now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 1-30 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rhoda B. Larkin

Midwife Snowville Utah (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Oct 2 1912 D C Ray Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

3/9-123-036-795

Amended 8-6-62

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 8518
Local Reg. No. 349
Reg. Dist. No. 18

1. PLACE OF BIRTH

a. COUNTY: Oneida

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Oneida

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Byron b. (Middle): Helmfred c. (Last): Larson

4. SEX: Male

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) July (Day) 23, (Year) 1912

FATHER OF CHILD

7. FULL NAME

a. (First): John b. (Middle): Helmfred c. (Last): Larson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Sweden

11a. USUAL OCCUPATION: Farming

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Selma b. (Middle): Maria c. (Last): Grell

13. COLOR OR RACE: White

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Sweden

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Mary A. Reese

18b. ATTENDANT AT BIRTH: M. D. [ ] MIDWIFE [x] OTHER (Specify)

18c. ADDRESS: Samaria, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Oct. 4, 1912

20. REGISTRAR'S SIGNATURE: D.C. Ray

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

...in the district where the birth occurred WITHIN 10 days after the date of birth of the ... to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this articl with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be r attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in suc case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mur cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

L.D.S. Church Certificate of Birth, entered on record Aug. 1, 1920 gives full name as Byron Helmfred Larson, born July 23, 1912 at Pleasant View, Idaho to John Helfred Larson and Selma Maria Grell - copy of orr. church record, made July 9, 1962 - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

other documents listed on back -

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 8518

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Byron Helmfred Larson (Name on Original Certificate) who was born (Was Born or Died) on June 23, 1912 (Date of Event) in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy #164923 (Bible Record, Insurance Policy, Etc.) prepared on 1-20-37 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Date of Birth	June 23, 1912	July 23, 1912

Subscribed and sworn to before me this 16th day of July, 1962.

Douglas C. Smith
Notary Public, residing at Salt Lake City Utah
My commission expires February 27, 1966
(Seal)

Signed Asst Vice-Pres Beneficial Life Ins. Co
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of July, 1962.

Ernest Humphreys
Notary Public residing at Salt Lake City
My commission expires Jan 16 1963
(Seal)

Signed Alvida W. Nelson
(Signature of Any Credible Person)

2156 So 3rd East
(Street Address, City, State)

FORM DH 60-155 L 7-12-62. rm two copies pd. rec. #14640.

Beneficial Life Insurance Policy of Utah dated January 20, 1937, policy no. 164923, age of insured at time policy was applied for-24 years old - gives full name of insured as Byron H. Larson, born July 23, 1912 at Malad City, Idaho - viewed by V.S.

Designation, Change or Revocation of Beneficiary, United States Civil Service Commission, insurance beneficiary designation paper, dated Sept. 13, 1946 gives full name as Byron H. Larson, born July 23, 1912 - beneficiary is given as Mrs. Oveda L. Larson, wife - viewed by V.S.

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Oneida

City of Malad — Registration District No. 18 — File No. 8518

No. ____, ____ St. — Primary Registration District No. 7069 — Registered No. 349

Hospital ____

FULL NAME OF CHILD Byron Helmfred Larson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
male		/	yes	June 23 (Month) (Day) 1917 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Helmfred Larson	Selma Maria Grell
RESIDENCE	Malad City	Malad City
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Reese
Midwife
(Physician or Midwife)

Address Samaria Idaho

Given names added from a supplemental report

____, 19____

____
Registrar

Filed Oct 4 1917 D C Ray
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

cc 2/21/41 rmf

CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS

OFFICE OF THE PRESIDING BISHOPRIC

40 NORTH MAIN STREET

SALT LAKE CITY, UTAH

ADDRESS ALL COMMUNICATIONS TO THE PRESIDING BISHOPRIC

UNITED STATES OF AMERICA)
STATE OF UTAH : SS
COUNTY OF SALT LAKE)

AFFIDAVIT

On this 10th day of October, A.D., 1940, personally appeared before me, Joseph Eckersley, a Notary Public in and for the State of Utah, JOSEPH L. WIRTHLIN, who being first duly sworn deposes and says that he is a resident and freeholder in the City and County of Salt Lake, State of Utah,

That he is a duly appointed and ordained Bishop of the Church of Jesus Christ of Latter-day Saints, and Counselor to LeGrand Richards, Presiding Bishop of the aforesaid Church: That as such officer he has knowledge of the records of birth of members of aforesaid Church on file in the office of the Presiding Bishop, 40 North Main Street, Salt Lake City, Utah:

That on application deponent herein makes this affidavit for the purpose of furnishing conclusive evidence of the date and place of birth of Byron Helmfred Larson as appears of record in said Presiding Bishop's Office, as follows:

> Byron Helmfred Larson, born at Pleasant View, Malad, Idaho, July 23, 1912, son of John H.Larson and Selma Greal Larson.

The foregoing record of birth of aforesaid Byron Helmfred Larson was filed for record in the office of the Presiding Bishopric, November 6, 1920.

Further deponent sayeth not.

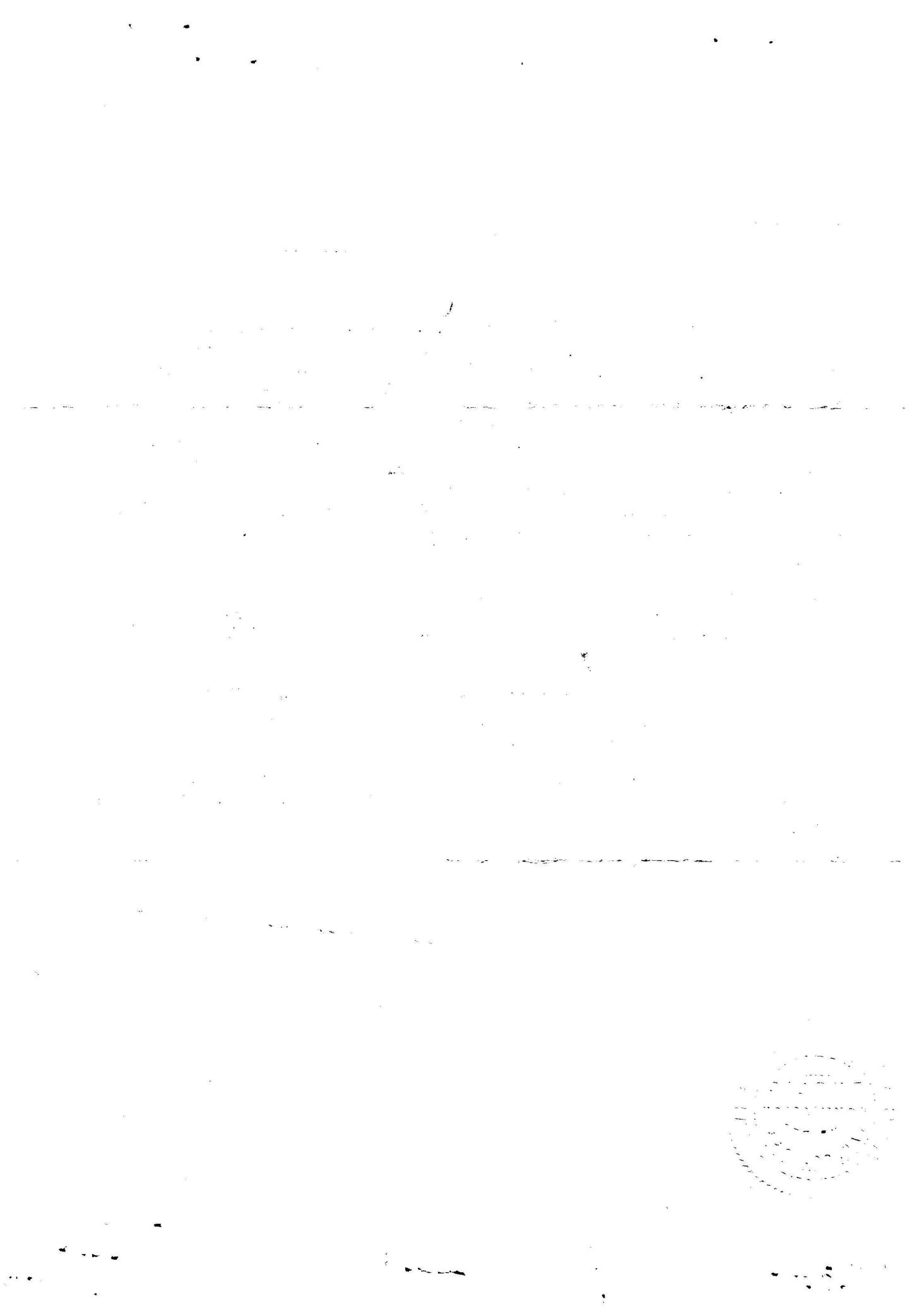
Joseph L. Wirthlin
Bishop

Subscribed and sworn to before me this 10th day of October, A.D., 1940.

Joseph Eckersley
Notary Public
In and for the State of Utah.
Residing at Salt Lake City, Utah.

My Commission Expires:
January 29, 1944.

AUG 7 1962



Amended 6-19-61

PLACE OF BIRTH

845-23-9036-386

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Samaria

No. ..... St.

Registration District No. 18 File No. 8519

Hospital .....

Primary Registration District No. 2069 Registered No. 350

FULL NAME OF CHILD Ardella Huntsman
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 29, [redacted] 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: J. F. Huntsman	FULL MAIDEN NAME: Harriet Thomas
RESIDENCE: Samaria	RESIDENCE: Samaria
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Fillmore, Utah	BIRTHPLACE: Samaria, Ida.
OCCUPATION: Farmer	OCCUPATION: Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 12 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Cathrine Hamblin

Midwife
(Physician or midwife)

Address Samaria, Idaho

Filed Oct. 4, [redacted] 1912 D.C. Ray
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of San Joaquin }

Certificate No. 8519

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ardelia Huntsman (Name on Originaf Certificate) who was born (Was Born or Died) on July 29, 1912 (Date of Event)
in Samaria, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Ardelia Huntsman	Ardella Huntsman
Father's Birthplace	Filmore, Ida.	Fillmore, Utah

Subscribed and sworn to before me this 5 day of
June, 1961
Lawrence M. Madsen
Notary Public, residing at Ogden Utah
My commission expires Sept 30-1961
(Seal)

Signed X Harriet Ann Huntsman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of State of California } ss.
County of Sna Joaquin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of
June, 1961
Ira C Shank Ira C Shank
Notary Public, residing at Lodi, Calif.
My commission expires My Commission Expires April 23, 1965
(Seal)

Signed Wayne L Lawson
(Signature of Any Credible Person)

216 So School St Lodi Calif
(Street Address, City, State)

FORM DH 60-155 CL 5-31-61.

Another Child's Birth Certificate on file: (Idaho Birth) #328367 gives father's birthplace as Filmore, Utah - viewed by V.S.

L.D.S. Church Certificate of Baptism, Sept. 9, 1920 gives full name of child as Ardella Huntsman, born July 29, 1912 at Samaria, Idaho, daughter of Jesse A. Huntsman and Harriet Thomas - Cert. No. 992 - viewed by V.S.

Ogden, Utah High School Diploma, May 29, 1930 gives full name as Ardella Huntsman - viewed by V.S.

Newspaper Clipping of Father's Death,- Monday, October 4, 1948 at Ogden, Utah gives full name as Jesse F. Huntsman, born May 8, 1874 in Fillmore, Utah died Oct. 1, 1948 in Jackson Hole, Wyoming - viewed by V.S.

Statement from Ella D. Jack, Custodian of the L.D.S. Church Records in Salt Lake City, Utah states that according to their church records Jesse Freeman Huntsman was born at Fillmore, Utah, born May 8, 1875, son of Jesse and Emma Jane Compton Huntsman - statement viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Samaria

Registration District No. 18

File No. 8519

No. ....., ... St.

Primary Registration District No. 206a

Registered No. 320

Hospital .....

FULL NAME OF CHILD Adelia Huntsman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	July 29, 1912

	FATHER	MOTHER
FULL NAME	J. F. Huntsman	Harriet Thomas
RESIDENCE	Samaria	Samaria
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	29
BIRTHPLACE	Elmore Ida	Samaria Ida
OCCUPATION	Farmer	House Keeping

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Catherine Hamilton

Midwife (Physician or Midwife)

Address Samaria, Idaho

Given names added from a supplemental report

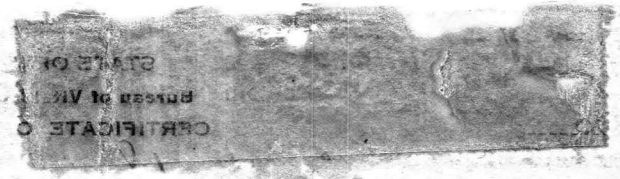
....., 19.....

.....
Registrar

Filed Aug 4 1912

D C Ray
Registrar

S-Y CO., 16670



MAR 9 1960

JUN 19 1967

799-106-036-874

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C-10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Samaria

Registration District No. 18

File No. 8520

No. ____, ____ St.

Primary Registration District No. 2069

Registered No. 321

Hospital ____

FULL NAME OF CHILD William H. Price

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One		yes	Aug. 6, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William M. Price	Annie Hamblin
RESIDENCE	Pleasant View	Pleasant View
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	23
BIRTHPLACE	Samaria Ida	Samaria Ida
OCCUPATION	Farmer	House Keeping

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

..... Registrar

(Signature) Cathrine Hamblin

Midwife

(Physician or Midwife)

Address Samaria, Idaho

Filed Oct 4 1912 D. Clay Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

c.c. 5/22/41. w.h.

386-112-036-551

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-6-09-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Pleasantview Registration District No. 18 File No. 8521

No. ____, ____ St. Primary Registration District No. 2069 Registered No. 352

Hospital ____

FULL NAME OF CHILD Jonah Thompson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		5	yes	Sept 12, 1912

FATHER		MOTHER	
FULL NAME	George Thompson	FULL MAIDEN NAME	Rose Evans
RESIDENCE	Pleasantview	RESIDENCE	Pleasantview
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Laketown Utah	BIRTHPLACE	Samaria Ida
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Reese

midwife (Physician or Midwife)

Address Samaria Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Oct 1 1912 W. C. Ray Registrar

S-Y CO., 16670

993-216-036-613

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-4-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Samaria

Registration District No. 11

File No. 8522

No. ____, ____ St.

Primary Registration District No. 2069

Registered No. 253

Hospital ____

FULL NAME OF CHILD Mary Richards

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		8	yes	Sept 16, 1912

FATHER		MOTHER	
FULL NAME	John Richards	FULL MAIDEN NAME	Emeline Haldron
RESIDENCE	Samaria	RESIDENCE	Samaria
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Malad City Ida	BIRTHPLACE	Samaria Ida
OCCUPATION	Farming	OCCUPATION	housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Reese

midwife (Physician or Midwife)

Address Samaria Ida

Given names added from a supplemental report

..... 19....

..... Registrar

Filed Oct 4 1912 D C Kay Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 8 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

154-116-076-162

PLACE OF BIRTH

County of Oneida

City of St John

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 8523

Primary Registration District No. 706 Registered No. 354

FULL NAME OF CHILD Arnold C. Anderson

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)	6	Yes	Sept. 16, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Andrew A. Anderson	Hannah E. Josephson
RESIDENCE	St John Oda	St John Oda
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	35
BIRTHPLACE	St Joe, Mo.	St John Oda
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2 A.M. on the date above stated.

(Signature) Sarah A McAllister

Midwife

(Physician or Midwife)

Address Malad City R.F.D. # 1

Filed Oct 4 1912

D C Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

APR 12 1971

295-117-036-815

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No. Idaho St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 48 File No. 8524

Primary Registration District No. 206 Registered No. 355

FULL NAME OF CHILD John Taylor Brewer

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births) 2	2	Yes	Sep 17, 1912

FATHER		MOTHER	
FULL NAME	John Wm Brewer	FULL MAIDEN NAME	Bertha C. Davis
RESIDENCE	Malad Idaho	RESIDENCE	Malad City Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Joplin Mo.	BIRTHPLACE	Ocala Fla.
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.24 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah A. McAllister

Midwife (Physician or Midwife)

Address Malad City R.F.D. #1

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 19 12

L. E. Ray
Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

1912 - 299664

DUP OF 1912-299664

619-118-036-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form ... S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 8525

Primary Registration District No. 2069 Registered No. 356

FULL NAME OF CHILD CHARLEY DARRELL ~~Hall~~ Warren

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		1st	Yes	Aug ~~14~~ 18th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Perry Warren	Myrtle Warren
RESIDENCE	Malad City	Malad City
COLOR	Wh	White
AGE AT LAST BIRTHDAY	29 (Years)	21 (Years)
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	same

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 9. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or Midwife)

Address Malad City Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 29 19 12 D C Ray

.....
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of NEVADA } ss.
County of WHITE PINE }

Certificate No. 8525

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH)
for _____ (NAME ON ORIGINAL CERTIFICATE) who WAS BORN (WAS BORN OR DIED) on AUGUST 18 1912 (DATE OF EVENT)
in MALAD, IDAHO (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by BIBLE (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on _____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	U Toney	Charley Darrell Warren
Date	Aug. 19th	Aug. 18, 1912

Subscribed and sworn to before me this 18th
day of November, 1942.
R. H. Bellan
Notary Public, residing at RUTH WHITE PINE NEVADA
My commission expires July 17-1944
(SEAL)

Signed Ida Jenkins
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WHITE PINE } ss.
County of NEVADA }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19
day of November, 1942.
R. H. Bellan
Notary Public, residing at RUTH NEVADA
My commission expires July 17-1944
(SEAL)

Signed William A. Marston
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Ruth Nevada
(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

DEC 1 1942

MAR 9 1955

693-124-036-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Samaria

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18

File No. 8526

Primary Registration District No. 2069

Registered No. 351

FULL NAME OF CHILD John Gilbert Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug. 24, 1912

FATHER		MOTHER	
FULL NAME	Daniel M. Williams	FULL MAIDEN NAME	Lucy A. Tharpe
RESIDENCE	Samaria Idaho	RESIDENCE	Samaria Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	[illegible]

[Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M.D.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Aug 30th 19 17

D C Ray
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 14 1945

SEP 20 1956

764-108-036-491

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 8527

Registered No. 358

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____ St.

Hospital ____

Registration District No. 18

Primary Registration District No. 2069

FULL NAME OF CHILD Goldwin Godwin

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	9 8 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles A Godwin	Lizzie Draughon
RESIDENCE	Malad City	Same
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	28	25
BIRTHPLACE	north Carolina	North C
OCCUPATION	painter	home wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept 20 1912

D C Ray

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO

PLACE OF BIRTH

MARKING OF SURVEYED FOR SIGNING

WRITE PLAINLY WITH FOUNTAIN PEN INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Registrar

Filed

19

Address

Registrar

165-212-056-165

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Owyhee

City of Malad

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 18 File No. 8528

Primary Registration District No. 2069 Registered No. 359

FULL NAME OF CHILD Elaine Jones

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
fe			yes	Sept 12 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Barney A. Jones	FULL MAIDEN NAME	Mary L. Jones
RESIDENCE	Malad City	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Merchant	OCCUPATION	house wife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Ray M.D.

(Physician or midwife)

Address Malad City

Given names added from a supplemental report

..... 19.....

Filed Sept 20 1912 D. C. Ray

S-Y CO. 20174 Registrar Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-114-036-157

PLACE OF BIRTH

Form V. S. No. II-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad Registration District No. 18 File No. 8529

No. ____ St. Primary Registration District No. 2069 Registered No. 360

Hospital ____

FULL NAME OF CHILD William Roberts

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Sept 14 1912 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David M Roberts	Emma Catherine Argerter
RESIDENCE	Malad City	Same
COLOR / AGE AT LAST BIRTHDAY (Years)	white 44	white 28
BIRTHPLACE	Idaho	Idaho
OCCUPATION	rancher	Same

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Ray MD

(Physician or midwife)

Address Malad City

Given names added from a supplemental report

....19....

Filed 9-20 19 12 D C Ray

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

955-114-036-381

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 8530

Primary Registration District No. 2069 Registered No. 361

FULL NAME OF CHILD Moroni Dee Rees

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Sept 14 1912

FATHER		MOTHER	
FULL NAME	David J Rees	FULL MAIDEN NAME	Dina Thatcher
RESIDENCE	Malad City	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D L Ray M D

(Physician or midwife)

Address Malad City

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 20 1912 D L Ray Registrar

8-Y CO. 20174

Form No. 11-C—20m-3-15-12

557-115-036-386

Form V. S. No. 10-[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 8531

Primary Registration District No. 2069 Registered No. 362

FULL NAME OF CHILD Elmer John Evans

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John E Evans	Phebe A Thomas
RESIDENCE	Malad City	Same
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	26	19
BIRTHPLACE	Idaho	Idaho
OCCUPATION	rancher	Same

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M. D.

(Physician or midwife)

Address Malad City

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 20 1912

D C Ray Registrar

S-Y CO. 20174

165-226-036-114

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 8532

Primary Registration District No. 2069 Registered No. 363

FULL NAME OF CHILD Eddie Jones

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Sept 26 1912

	FATHER	MOTHER
FULL NAME	Edward E Jones	FULL MAIDEN NAME Dollie James
RESIDENCE	Malad City	RESIDENCE Same
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Idaho
OCCUPATION	merchant	OCCUPATION housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:8 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

Filed 10-1 19 12 D C Ray

Registrar

S-Y CO. 20174

Registrar

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 10-C

655-127-036-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 8533

Primary Registration District No. 2069 Registered No. 364

FULL NAME OF CHILD David Osborne Works

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	9 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Daniel Works	Mary R Larsen
RESIDENCE	Malad R F D	same
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	36	33
BIRTHPLACE	Utah	Denmark
OCCUPATION	rancher	same

[Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD

(Physician or Midwife)

Address Malad City Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 30 1912 D C Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

SEP 17 1975

735-127-036-314

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. H-C-[illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Weston

Registration District No. 18

File No. 8535

No. ____ St.

Primary Registration District No. 2119

Registered No. 366

Hospital ____

FULL NAME OF CHILD Burton Wayne Gleed

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	7 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edwin Gleed	Sarah Emma Campbell
RESIDENCE	Malad	Malad City
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	20
BIRTHPLACE	Malad Idaho	Weston Idaho
OCCUPATION	Ranches	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Lueck M.D.

(Physician or Midwife)

Address Weston Ida

Given names added from a supplemental report

....., 19.....

Filed Oct 9 19 12 D. C. Ray

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 2 1956

JUN 5 1972

135-204-036-269

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Weston

Registration District No. 18 File No. 8536

No. ____, ____ St.

Primary Registration District No. 2119 Registered No. 367

Hospital ____

FULL NAME OF CHILD Elsie Jensen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	8 4 1912

FATHER		MOTHER	
FULL NAME	Marius Jensen	FULL MAIDEN NAME	Mary Sorensen
RESIDENCE	Weston, Ida	RESIDENCE	Weston
COLOR	White	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Denmark	COLOR	White
OCCUPATION	Rancher	AGE AT LAST BIRTHDAY (Years)	37
		BIRTHPLACE	Denmark
		OCCUPATION	Housewife

Number of child of this mother, including present birth nine

Number of children, of this mother, now living, including present birth nine

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R W Quick MD (Physician or Midwife)

Address Weston, Ida

Given names added from a supplemental report

....., 19.....

Filed Oct 9 1912 D C Ray Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 9 1969

MAR 2 4 1976

SEP 2 0 1976

DECEASED

414-22-036-314

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Weston

Registration District No. 18

File No. 8537

No. ____, ____ St.

Primary Registration District No. 2119

Registered No. 368

Hospital ____

FULL NAME OF CHILD Evona Maughan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		8	Yes	9 — 21 — 191.2

FATHER		MOTHER	
FULL NAME	Simpson Maughan	FULL MAIDEN NAME	Ruth Campbell
RESIDENCE	Weston Ida.	RESIDENCE	Weston Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Teacher	OCCUPATION	Housework

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2.30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P W Zwick M D

(Physician or Midwife)

Address Weston Ida.

Given names added from a supplemental report

....., 19.....

Filed Oct 9 19 12 D C Kay Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 4 1942

294-126-026-695

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Rev. 6-26-31

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Weston

Registration District No. 18 File No. 8538

No. ____, ____ St.

Primary Registration District No. 2119 Registered No. 369

Hospital ____

FULL NAME OF CHILD Norman Henry Simpson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	9 26 1912

FATHER		MOTHER	
FULL NAME	Henry Simpson	FULL MAIDEN NAME	Sena Fredrickson
RESIDENCE	Weston	RESIDENCE	Weston, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	48
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Supt of Schools	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R W Lunch M D

(Physician or Midwife)

Address Weston Ida

Given names added from a supplemental report

....., 19.....

Filed Aug 19 1912 D C Ray

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 25 1967

5/8/41 L. B.

912-128-036-69

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Rm-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Weston

No. ____, ____ St.

Registration District No. 18

File No. 8539

Primary Registration District No. 2119

Registered No. 310

Hospital ____

FULL NAME OF CHILD Harold Rasmussen

MART

Sex of Child: Male	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	Date of birth: 9 (Month) 28 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Mortinus Rasmussen	FULL MAIDEN NAME	Elsie Fredrickson
RESIDENCE	Weston	RESIDENCE	Weston, Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Weston, Ida	COLOR	White
OCCUPATION	Ranches	AGE AT LAST BIRTHDAY (Years)	15
		BIRTHPLACE	Boise, Ida
		OCCUPATION	Housewife

Number of child of this mother, including present birth: one

Number of children, of this mother, now living, including present birth: 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

.....
Registrar

(Signature) T. W. Lucky

MD
(Physician or Midwife)

Address Weston, Ida.

Filed Oct 9 1912 D. L. Ray
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. No. 11-C—Mar.-Apr.-1911

STATE OF IDAHO

PLACE OF BIRTH

FEB 20 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin }

Certificate No. 8539

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Harold Rasmussen	Harold Mart Rasmussen
name of mother	Elsie Fredricksen	Elsie Fredrickson

Subscribed and sworn to before me this 18th. day of February, 19 42

Notary Public, residing at Preston Ida.

My commission expires May 1, 1945

(SEAL)

Signed Elsie L. Fredrickson Rasmussen

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Weston, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th. day of February, 1942

Notary Public, residing at Preston, Ida.

My commission expires May 1st, 1945

(SEAL)

Signed Ellen Lewis

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Preston Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 21 1942 By .....

(REGISTRAR'S SIGNATURE)

FEB 27 1942

133-220-036-599

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Weston

Registration District No. 18

File No. 8540

No. ____, ____ St.

Primary Registration District No. 2119

Registered No. 371

Hospital ____

FULL NAME OF CHILD Margarita Allen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	9 30, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Oliver Allen	Vena Ericksen
RESIDENCE	Weston Ida	Weston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	28
BIRTHPLACE	Idaho	Utah
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother, now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. W. Zuick

M D

(Physician or ~~Midwife~~)

Address Weston, Ida

Filed Oct 9 1912 D C Ray Registrar

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 10-C-10m-6-50-11

STATE OF IDAHO

PLACE OF BIRTH

FEB 10 1971

897-102-036-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Black Pine

No ——, ——St.

Hospital ——

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 File No. 8541

Primary Registration District No. 2071 Registered No. 372

FULL NAME OF CHILD Doyle Adams Higley

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin (To be answered only in event of plural births)	second	Yes	Sept 2, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles T. Higley	Martha A. Walters
RESIDENCE	Black Pine	Black Pine
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	27
BIRTHPLACE	America	America
OCCUPATION	Farmer	None

Number of child of this mother, including present birth eight

Number of children, of this mother, now living, including present birth six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3-30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rhoda B. Larkin

Midwife Snowville Utah

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Oct 1 1912 D C Kay

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

Registrar

897-102-036-897

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Black Pine

No ——, —— St.

Hospital ——

Registration District No. 18. File No. 8542

Primary Registration District No. 7071 Registered No. 373

FULL NAME OF CHILD Doras Daniel Higley

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	First	yes	Sept 2 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles L. Higley	Martha S. Higley
RESIDENCE	Black Pine	Black Pine
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	27
BIRTHPLACE	America	America
OCCUPATION	Farmer	None

Number of child of this mother, including present birth: Seventh

Number of children, of this mother, now living, including present birth: five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3-00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Rhoda B. Larkin

Midwife Snowville Utah
(Physician or Midwife)

Address .....

Filed Oct 1 1912 D C Ray
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

845-112-016-764

Form V. S. No. [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8545

County of _____

City of _____ Registration District No. 31 File No. _____

No. _____ St. Primary Registration District No. 2126 Registered No. 163

Hospital _____

FULL NAME OF CHILD Hunter

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X		X	Yes	Sept. 17, 1912

FATHER		MOTHER	
FULL NAME	Edward A. Hunter	FULL MAIDEN NAME	Emerald Poulton
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho		18
OCCUPATION	Farmer	BIRTHPLACE	Idaho
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 16 1912 L B Stuckenberg Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

449-205-016-168

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of _____

City of _____ Registration District No. 31 File No. 8546

No. _____ St. Primary Registration District No. 216 Registered No. 164

Hospital _____

FULL NAME OF CHILD Mary Althea Durfee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes	Sept. 5 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sabey D. Durfee	Annie Johnson
RESIDENCE	Oakley Idaho	Oakley Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	38
BIRTHPLACE	Missouri	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Johannes M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept 16 19 12 L. P. Stockdale

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 24 1948

466-129-016-315

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. [illegible]

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 — File No. 8547

Primary Registration District No. 2126 — Registered No. 165

FULL NAME OF CHILD Walter Lyonal Moore

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	Yes	Aug 29 1912

FATHER		MOTHER	
FULL NAME	Walter M. Moore	FULL MAIDEN NAME	Nellie Sumner
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farm Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 34 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Ohanneud

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 16 19 12 D B Stokesberry

Registrar

5-Y CO. 20174

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 8547

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth ~~or Death~~)
for Walter Lyonal Mooso (Name on Original Certificate) who was born (Was Born or Died) on Aug 29. 1912. (Date of Event)
in Oakley Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on May 6 1927 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Walter Lyonal Mooso
Place	not given	Oakley, Idaho

Subscribed and sworn to before me this 4th
day of May, 1942.
Burdee Curtis
Notary Public, residing at
My commission expires
(Seal) NOTARY PUBLIC IN AND FOR THE STATE OF IDAHO, RESIDING AT DECLO, IDAHO. MY COMMISSION EXPIRES MAY 17, 1943.

Signed Helen N Mooso
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Declo Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this
day of May, 1942
Burdee Curtis
Notary Public, residing at
My commission expires
(Seal) NOTARY PUBLIC IN AND FOR THE STATE OF IDAHO, RESIDING AT DECLO, IDAHO. MY COMMISSION EXPIRES MAY 17, 1943.

Signed Walter Mooso
(Signature of Any Credible Person Other Than Previous Year)
Declo Idaho
(Street Address, City, State)

MAY 6 1942

MAY 1942

419 - 225-016-669

Form V. S. [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of CASSIA

City of Oakley

Registration District No. 31 File No. 8548

No. ____ St.

Primary Registration District No. 2171 Registered No. 166

Hospital ____

FULL NAME OF CHILD ORHETA CHRISTANA Martin

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Single	+		X	Yes	Aug. 25 191 7

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph H. Martin	Emma Workington
RESIDENCE	Oakley Idaho	Oakley Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	23
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6-30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Olsen M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 16 19 17 L. B. Stokes

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia

Certificate No. 3548
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Martin (Name on original certificate) who was born (Was born or died) on Aug. 25, 1912 (Date of event)
in Oakley, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family record (Bible record, insurance policy, etc.) prepared on at time of birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Martin	Orheta Christana Martin
		ORHETA CHRISTANA MARTIN

Subscribed and sworn to before me this 7th
day of April, 1942
Notary Public, residing at Burley
My commission expires Feb 20, 1942
[SEAL]

Signed G. N. Martin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th
day of April, 1942
Notary Public, residing at Burley
My commission expires Feb 20, 1942
[SEAL]

Signed Chas. O. Slaughter
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

APR 13 1942

381 - 119 - 016 - 793

[redacted] C-2m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... *St.*

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 **File No.** 8549

Primary Registration District No. 2116 **Registered No.** 167

FULL NAME OF CHILD FRED MURLE Chadwick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	X	X	Yes	Aug. 19 1912

	FATHER	MOTHER
FULL NAME	Fred Chadwick	FULL MAIDEN NAME Alice Gilbert
RESIDENCE	Yost. Utah	RESIDENCE Yost. Utah
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	29	25
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:55 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Ohanus M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 16 1912 L B Hockaday Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jerome }

Certificate No. 8549

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Fred Murle Chadwick (Name on Original Certificate) who was born (Was Born or Died) on August 19, 1912 (Date of Event) in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by L.D.S. Church Record (Bible Record, Insurance Policy, Etc.) prepared on November 4, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Fred Murle Chadwick
Place	not given	Oakley, Idaho

Subscribed and sworn to before me this 14th day of November, 19 42

Samuel E. Vance Jr.

Notary Public, residing at Hazelton

My commission expires Feb. 2, 1943
(Seal)

Signed Alice Gilbert Chadwick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Hazelton, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of November, 19 42

Samuel E. Vance Jr.

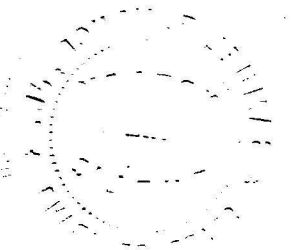
Notary Public, residing at Hazelton

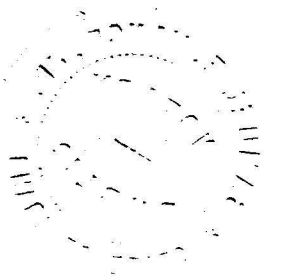
My commission expires Feb. 2, 1943
(Seal)

Signed Fred Chadwick
(Signature of Any Credible Person Other Than Previous Year)

Hazelton, Idaho.
(Street Address, City, State)

NOV 2 1 1942





312-123-016-793

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C.—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of .....

City of .....

Registration District No. 31 File No. 8550

No. ....., ... St.

Primary Registration District No. 21st Registered No. 168

Hospital .....

FULL NAME OF CHILD Herbert Lynn Cook

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		5	Yes	Sept 23 1911

	FATHER	MOTHER
FULL NAME	Herbert Cook	FULL MAIDEN NAME Ruby Gilman
RESIDENCE	Burley	RESIDENCE Burley
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	40 (Years)	28 (Years)
BIRTHPLACE	London England	BIRTHPLACE St John Utah
OCCUPATION	Barber	OCCUPATION Housekeeper

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Mutch M.D.

(Physician or Midwife)

Address Burley Ida

Given names added from a supplemental report

....., 19.....

Filed Oct 9 1912 L. B. Tuckaberry

Registrar

SYMS - YORK CO., PRS. & BDRS. 17826

Registrar

APR 6 1965

H + Z no BIRTH PLACE

795-212-016-363

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of

City of Burley

Registration District No 31

File No. 8551

No St.

Hospital Residence

Primary Registration District No. 21 3rd

Registered No. 169

FULL NAME OF CHILD Cecelia Pinoges Pinoges

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem		3	Yes	Oct 12 1912

FATHER		MOTHER	
FULL NAME	Peter Pinoges Pinoges	FULL MAIDEN NAME	Ethel Pearl Colton
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Los Angeles	BIRTHPLACE	Raft River
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at Home on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Mundell M.D.

(Physician or Midwife)

Address Burley

Given names added from a supplemental report

....., 19.....

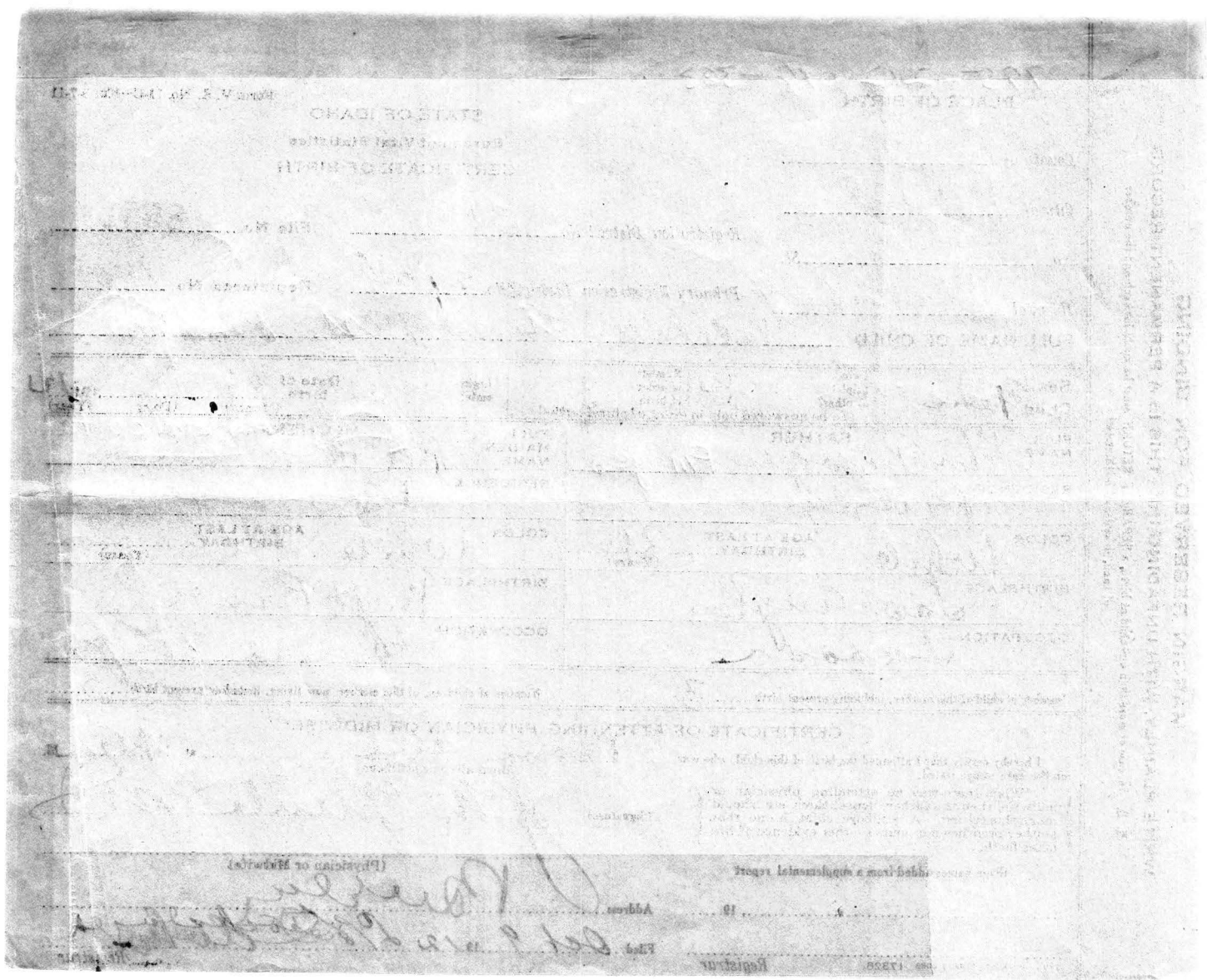
Filed Oct 9 1912 [illegible] Registrar

SYMS - YORK CO., PTHS. & BDRS. 17326 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



Amended May 12, 1969

545-111-016-619

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 8552
Local Reg. No. 170
Reg. Dist. No. 31

1. PLACE OF BIRTH

a. COUNTY: Cassia

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Burley

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Cassia

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Burley

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Roland

b. (Middle): Edward

c. (Last): Gunderson

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): September 11, 1912

born alive 4 A.M.

FATHER OF CHILD

7. FULL NAME

a. (First): Edward

b. (Middle): John

c. (Last): Gunderson

8. AGE (At time of this birth): 22 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Salt Lake City, Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Cora

b. (Middle): Jane

c. (Last): Wade

13. AGE (At time of this birth): 21 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Pleasant View, Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. M. Minter

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Burley, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Oct. 9, 1912

22. REGISTRAR'S SIGNATURE: L. B. Stockslager

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address TAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 8552

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Roland Edward Gundersen (Name on Original Certificate) who was born (Was Born or Died) on September 11, 1912 (Date of Event)

in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Roland Edward Gundersen	Roland Edward Gunderson
mother's name	Cora Jolle Wade	Cora Jane Wade
father's name	Edw. John Gundersen	Edward John Gunderson

Subscribed and sworn to before me this 2 day of May, 19[illegible]

Hazel L. Hurlbert

Notary Public residing at Rupert, Idaho

My commission expires Sept. 28, 1972

(Seal)

X Signed Edna Faun Gundersen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed ..... (Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155

Certificate of blessing for mother lists her name as Cora Jane Wade LDS Church Liberty Ward, Ogden Stake, blessed September 3, 1891.

Delayed birth certificate #18774 - State of Utah lists name as Cora Jane Wade

Bible record lists following: Roland Edward Gunderson born in Burley, Idaho, September 11, 1912.

Social security card #528-10-0746 lists name as Roland Edward Gunderson.

Marriage certificate for parents list names as Edward J. Gunderson and Cora J. Wade. ~~M~~ married in Weber County Utah on February 12, 1912.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 8552

Primary Registration District No. 21M Registered No. 170

FULL NAME OF CHILD Roland Edward Gunderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	1	Yes	Sept 11 1912

	FATHER	MOTHER
FULL NAME	Edw John Gunderson	Cora Jane Wade
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY	27 (Years)	21 (Years)
BIRTHPLACE	St Lake City Utah	Pleasant View Utah
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Martin

(Physician or Midwife)

Address Burley

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct 9 1912

SYMS - YORK CO., PTRS. & BDRS. 17326

MAY 12 1969

713-104-016-331

PLACE OF BIRTH

County of Cassia

City of Burley

No _____ St.

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 31 File No. 8553

Hospital _____ Primary Registration District No 2134 Registered No. 171

FULL NAME OF CHILD Virgel Leroy Pace

Sex of Child Male | Twin, Triplet or other? | and Number in order of birth 5 | Legitimate? Yes | Date of birth Sept 4 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Pace	FULL MAIDEN NAME	Nellie Clark
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Panguitch Utah	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	29
		BIRTHPLACE	St George Utah
		OCCUPATION	Home Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Muter (Physician or Midwife)

Address Burley Ida

Given names added from a supplemental report

....., 19.....

Filed Oct 9 1912 L B Stockberger Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

2/4/41 L. B.

842 - 112
016 - 791

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Cassia

City of Burley

No ..... St.

Hospital Reading

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

Registration District No 31

File No. 8554

Primary Registration District No 214

Registered No. 172

FULL NAME OF CHILD Edward Clifford Huston

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	— and	2	Yes	Aug 12 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Earl Clifford Huston	FULL MAIDEN NAME Clara Elizabeth Graham
RESIDENCE	Burley	RESIDENCE Burley
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Butler Co Kansas	BIRTHPLACE Warren Co. Iowa
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Mute M.D.
(Physician or Midwife)

Address Burley Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 9 1912 D B Stokesberry
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

5/10/41 L. B.

753-220-06-815

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-12

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No ____, ____ St.

Hospital ____

Registration District No. 31 File No. 8555

Primary Registration District No. 214 Registered No. 173

FULL NAME OF CHILD MARLE PETERSEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Female			YES	SEPT. 20 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: James O Petersen	FULL MAIDEN NAME: Amelia Hansen (HANSEN)
RESIDENCE: Burley Idaho	RESIDENCE: Burley Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE:	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION:

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) on the date above stated. Sept. 20/9/12., at 11 a.m. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen A Hiatt

(Physician or Midwife)

Address Burley Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Sept 26th 1912 L B Stockberger Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Salt Lake }

Certificate No. 8555

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Dupl 20 1912 (BIRTH OR DEATH)
for Mabel Petersen (NAME ON ORIGINAL CERTIFICATE) who Sept 20 (WAS BORN OR DIED) on 1912 (DATE OF EVENT)
in Bingham Utah (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on date of Birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Mable Petersen
mother's name	Amelia Hanson	Amelia Hansen

Subscribed and sworn to before me this 1st
day of May, 19 42

Notary Public, residing at Salt Lake City
My commission expires May 1. 1944.
(SEAL)

Signed Amelia Hansen Petersen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
338 N. 2nd West S.L.C. Ut.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of May, 19 42

Notary Public, residing at Salt Lake City
My commission expires May 1st 1944
(SEAL)

Mrs. Zula P. Shaw 461, 27th St. Ogden Ut.
Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Utah Wrecking Co 41st so
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 4 1942 By
(REGISTRAR'S SIGNATURE)

MAY 5 1942

845-214-016-255

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31 File No. 8556

Primary Registration District No. 2151 Registered No. 176

FULL NAME OF CHILD Edda Zatelle Hunt

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Sept. 14th 1912

FATHER		MOTHER	
FULL NAME	George H. Hunt	FULL MAIDEN NAME	Fannie Bennett
RESIDENCE	Burley, Idaho.	RESIDENCE	Burley, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Machinist	OCCUPATION	

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 9 1912 L B Stockdale Registrar

..... Registrar

S-Y CO. 20174

4-2-74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 2 12 07 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 8556

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Hunt (Name on Original Certificate) who was born (Was Born or Died) on Sept. 14, 1912 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Edda Zatelle Hunt

Subscribed and sworn to before me this 2nd day of April, 19 74

Florence Cartwright

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed Virgil S Hunt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

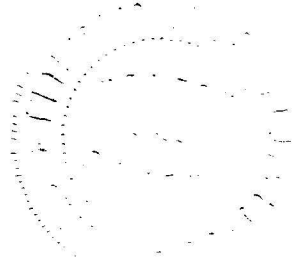
.....
(Street Address, City, State)

FORM DH 60-155

Own childs certificate on file with Idaho Vital Statistics gives name of mother as Edda Zatelle Hunt. Child born January 31, 1932 in Burley, Idaho. Viewed by V.S.

APR 2 1974

Social Security Card gives name as Edda Zatelle Hunt. Card issued in 1952 by the Social Security Administration. # 518 38 1566.
Viewed by V.S.



119-124-016-656

Form V. S. No. 11-C 10m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 8557

Primary Registration District No. 21st Registered No. 1751

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	one	11	no	9/24th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm D. Harris	Alice Fewkes
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY	40 (Years)	38 (Years)
BIRTHPLACE	America	America
OCCUPATION	Farmer	____

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Hilda Shallman

Midwife (Physician or Midwife)

Address Burley Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Oct 9 1912 P. B. Stockdale Registrar

S-Y CO., 16670

STATE OF IDAHO

PLACE OF BIRTH

614 - 208-016 - 212

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 8558

Primary Registration District No. 21nt Registered No. 176

FULL NAME OF CHILD Wadsworth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 9th 191 2

FATHER		MOTHER	
FULL NAME	D. C. Wadsworth	FULL MAIDEN NAME	Greta J. Baker
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

..... 19.....

Filed Oct 9 19 12 L. D. Stockbridge

Registrar

..... Registrar

S-Y CO. 20174

PLACE OF BIRTH

366-110-016-294

Form V. S. No. 11-C 2m-8-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of _____

City of _____

No. _____ St.

Hospital _____

Registration District No. 31 File No. 8559

Primary Registration District No. 2136 Registered No. 179

FULL NAME OF CHILD Cooper

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X (To be answered only in event of plural births)		X	Yes	Aug. 10 1912

FATHER		MOTHER	
FULL NAME	Edward Cooper	FULL MAIDEN NAME	Mary Redd
RESIDENCE	Basin Idaho	RESIDENCE	Basin Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	COLOR	White
OCCUPATION	Laborer	AGE AT LAST BIRTHDAY (Years)	20
		BIRTHPLACE	Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E B Richardson

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Sept 21 19 12 E B Stockberger
Registrar

ARGIN RESERVED FOR BINDING
-Y, WITH UNFADING INK—THIS IS A PERMANENT RECORD
se of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

HOLD -
BIRTH
PLACE - SEE 340513

COOPER

DUP OF 1912-340513

135-113-016-479

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Marion, Idaho

Registration District No. 31

File No. 8560

No. ..... St.

Primary Registration District No. 2126

Registered No. 178

Hospital .....

FULL NAME OF CHILD Robert Afton Alexander

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X		X	yes	Aug 13 1912

FATHER		MOTHER	
FULL NAME	John L. Alexander	FULL MAIDEN NAME	Elizabeth Marion
RESIDENCE	Marion Idaho	RESIDENCE	Marion Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Blohaut M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept 3rd 1912 L. B. Stricklyer

..... Registrar

Registrar

S-Y CO. 20174

MARGIN .. VED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Revised

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Cassia

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
OCT 26 1964
Bureau of Vital Statistics

State of California
County of Los Angeles } ss.

Certificate No. 8560

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Alexander (male child) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 13, 1912 (Date of Event)
in Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptism & Confirmation (Bible Record, Insurance Policy, Etc.) prepared on August 7, 1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Robert Afton Alexander
Child's Birthplace	Not Given	Marion, Idaho - Cassia Co.

Subscribed and sworn to before me this 19th day of October, 1964.

HELGA DREVES
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires July 27, 1967

Notary Public, residing at Los Angeles, California
My commission expires
(Seal)

Robert Afton Alexander
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of California
County of Los Angeles } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of October, 1964.

HELGA DREVES
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY

HELGA DREVES

Notary Public, residing at Los Angeles, Calif.
My commission expires 7-27-67
(Seal)

Signed Blanche Lenore Alexander
(Signature of Any Credible Person)

3838 Gibraltar Ave., Apt. 18, Los Angeles, Calif. 90008
(Street Address, City, State)

FORM DH 60-155

CL 9-23-64. one copy pd. rec. #4509.

L.D.S. Church Cert. of Baptism and Confirmation, Aug. 7, 1921 gives full name as R. Alton Alexander, son of John Alexander and Elizebeth Martin, born Aug. 13, 1912 at Marion, Idaho - viewed by V.S.

NOV 12 1964

L.D.S. Church Cert. of Ordination to the office of Deacon, Nov. 9, 1924 gives full nam as Robert Afton Alexander, son of John Alexander and Elizebeth Martin, born Aug. 13, 1912 at Marion, Idaho - Cassia Co. - viewed by V.S.

Salt Lake High School Diploma, Salt Lake City, Utah, dated June 5, 1931 gives full name of student as Robert Afton Alexander - viewed by V.S.

APR 3 1974

285 - 213
016 - 655

PLACE OF BIRTH

Amended 10/12/76

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Marion

No. ____ St.

Hospital ____

Registration District No. 31 File No. 8561

Primary Registration District No. 2176 Registered No. 179

FULL NAME OF CHILD Eva Shepherd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes	Aug. 13, 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Shepherd	Mary E. Avery
RESIDENCE	Marion Idaho	Marion Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	27
BIRTHPLACE	Utah	Utah
OCCUPATION	Sheepherder	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. M. Shawver M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept 24 19 17 L. B. Stockwell

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 8 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 21 8 38 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Cassia } ss.

Certificate No. 8561

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Shepard (female) (Name on Original Certificate) who was born (Was Born or Died) on Aug 13, 1912 (Date of Event)
in Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Blessing Cert; Baptism Cert (Bible Record, Insurance Policy, Etc.) prepared on Oct 16, 1912 Blessing aug. 13, 1920 Baptism (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Shepard	Eva Shepherd
place of birth (county)	omitted	Cassia
birth place (town)	omitted	Marion
father's name	William Shepard	William Shepherd

Subscribed and sworn to before me this 17 th day of Sept, 1976

B B Gardner
Notary Public, residing at Burley
My commission expires May 1, 1980
(Seal)

Signed Lois Gardner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1426 Oakley Ave., Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 th day of Sept, 1976

B B Gardner
Notary Public, residing at Burley
My commission expires May 1, 1980
(Seal)

Signed Leona L Carlson
(Signature of Any Credible Person)

1901 Park Ave., Burley, Idaho
(Street Address, City, State)

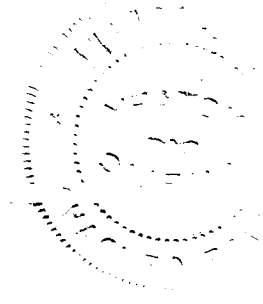
Form DH. 60-155

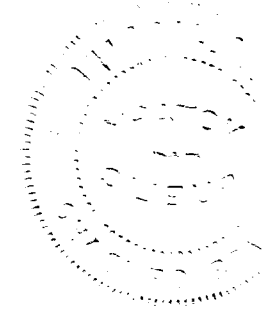
CL 7/28/76

Certificate of Blessing from the LDS Church gives name as Eva Shepherd daughteer of William A. Shepherd and Mary E. Avery. born Aug 13, 1912 at Marion, Idaho. Blessed Oct 6, 1912. viewed by V. S.

OCT 12 1976

Certificate of Baptism and Confirmation from the LDS Church gives name as Eva Shepherd daughter of Wm. A. Shepherd and Mary E. Avery. born Aug 13, 1912 at Max Marion, Idaho. Baptized Aug 13, 1920x viewd by V. S





753-117-016-595

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of .....

City of Albion

No ....., ... St.

Hospital .....

Registration District No 31 File No. 8562

Primary Registration District No. 2131 Registered No. 180

FULL NAME OF CHILD George Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Sept 17 1912

FATHER		MOTHER	
FULL NAME	Peter Christian Peterson	FULL MAIDEN NAME	Johanna C. Nielsen
RESIDENCE	Albion, Idaho	RESIDENCE	Albion, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 10:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. B. Stockebrand M.D.

(Physician or Midwife)

Address Albion Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept. 18 1912 L. B. Stockebrand Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 1968

c.c. 5/16/41. w.h.

265-120-016-466

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Cassia

City of Albion

No ____, ____ St.

Hospital ____

Registration District No 31 File No. 8563

Primary Registration District No 2137 Registered No. 181

FULL NAME OF CHILD Clarence Rollo Sweet

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Male	X	X	yes	Sept. 20 (Month) (Day) 191 2 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME David Sweet	FULL MAIDEN NAME Cora Elzina Moore
RESIDENCE Albion Idaho	RESIDENCE Albion Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Utah	BIRTHPLACE North Carolina
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L B Stockslager M.D.

(Physician or Midwife)

Address Albion Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 21 19 12 L B Stockslager

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

OCT 2 19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-101-C [illegible] 17

PLACE OF BIRTH

Form V. S. No. 11-C—50th 6-25-25

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Forest

No. ..... St.

Hospital .....

Registration District No. 32 File No. 8565

Primary Registration District No. 2127 Registered No. 137

FULL NAME OF CHILD William Herbert Campbell Currier

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	9 - 1 - 1912

FATHER	MOTHER
FULL NAME: Chas A. Currier	FULL MAIDEN NAME: Della Van Wagenen
RESIDENCE: Forest	RESIDENCE: Forest
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Ida.	BIRTHPLACE: Iowa
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 8

Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elbert V. Rogers

Physician (Physician or midwife)

Address Wardner Idaho

Filed 9-2-1912 Elbert V. Rogers Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

Form V.S. No. 11 [illegible] 15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of [illegible]

City of [illegible]

Registration District No. [illegible] File No. 8565

No. [illegible] St.

Prin. occ. Registration District No. [illegible] Registered No. 1372

Hospital

FULL NAME OF CHILD [illegible]

Sex of [illegible] Twin or Triplet [illegible] Number in order of birth [illegible] Length [illegible] Date of Birth [illegible]

RECORD OF BIRTH REGISTERED

Form V. S. No. 278—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

8565

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Forest
Street and House No.
County Lewis

Registered Number 137
Registration District No. 32

Sex of Child Male

Date of Birth, 9 (Month) 1 (Day) 1912 (Year)

Full Name of Father: Chas. A. Currier

Full Maiden Name of Mother: Della Van Wagenen

I HEREBY CERTIFY that the child described herein has been named:

William Herbert Campbell Currier
(Given name in full) (Surname)

as reported by Della Currier
(~~Father or~~ Mother)

Elbert B. Rogers
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

961 - 203-031-699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No. 32 File No. 8566

No. ____ St.

Primary Registration District No. 2127 Registered No. 138

Hospital

FULL NAME OF CHILD Lulu May Roach

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept. 3rd, 191?

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John D. Roach	Estella Alice Wrisley
RESIDENCE	Winchester	Winchester
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	32
BIRTHPLACE	Illinois	Oregon
OCCUPATION	Engineer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Laughlin

Physician

(Physician or Midwife)

Address Winchester, Idaho,

Given names added from a supplemental report

....., 19.....

Filed 10-7-1912 Ellen B. Rogers

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

PLACE OF BIRTH

845 - 104-031-464

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lassen

City of Kamiah

No. ____, ____ St.

Hospital ____

Registration District No. 32 File No. 8567

Primary Registration District No. 1128 Registered No. 139

FULL NAME OF CHILD Chester Hunt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	yes	Sept 4, 1912

FATHER		MOTHER	
FULL NAME	David Hunt	FULL MAIDEN NAME	Helen Vandeday
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Dowagiac Mich
OCCUPATION	Brick Mason	OCCUPATION	Home Maker

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Taylor M D

(Physician or Midwife)

Address Kamiah

Given names added from a supplemental report

....., 19.....

Filed Sept 6 1912 E Taylor M D

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

314-106-031-593

County of Lewis

City of Kamiah

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32

File No. 8569

Primary Registration District No. 2128

Registered No. 141

FULL NAME OF CHILD Norman Cameron (Cameron)

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Sept. 6th., 1912

FATHER	MOTHER
FULL NAME: George Henry Cameron	FULL MAIDEN NAME: Rosa Nickel
RESIDENCE: Kamiah	RESIDENCE: Kamiah
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Tennessee	BIRTHPLACE: Missouri
OCCUPATION: Blacksmith	OCCUPATION: House-wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 10:40 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Kamiah, Idaho.

Filed 9-18-1912 Elton B. Rogers

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 7 1942

364-108-031-212

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lewis

City of Kamiah

No. ..... St.

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 8570

Primary Registration District No. 2120 Registered No. 142

FULL NAME OF CHILD Vincent Boughton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		4	yes	Sept 8, 1912

FATHER		MOTHER	
FULL NAME	Eugene Boughton	FULL MAIDEN NAME	Lenil Baker
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Taylor M.D

(Physician or Midwife)

Address Kamiah

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept 9 1912

Registrar

S-Y CO., 16670

PLACE OF BIRTH

STATE OF IDAHO

Form V.S. No. U.C. (Jan. 5-50)

2-93-213-1871-365

Amended 1-28-64

(Be sure the information is complete and accurate)

State File No. 8571
Local Reg. No. 143
Reg. Dist. No. 32

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ilo
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ilo
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Almamae
b. (Middle):
c. (Last): Kittrell

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Sept. (Day) 13, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Robert
b. (Middle): E.
c. (Last): Kittrell

8. COLOR OR RACE: White

9. AGE (At time of this birth): 26 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Palouse, Wash.

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Almah
b. (Middle):
c. (Last): Conklin

13. COLOR OR RACE: White

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Morris, Minn.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: H. C. Parrish, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Ilo, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 9-30-1912

20. REGISTRAR'S SIGNATURE: Elton B. Rogers

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amended An Original Certificate of Birth or Death

State of Washington } ss
County of Walla Walla }

RECEIVED JAN 27 1964 Bureau of Vital Statistics

Certificate No. 8571

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Almah May Kittrell (Name on Original Certificate) who was born (Was Born or Died) on Sept. 13, 1912 (Date of Event)

in Ilo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Almah May Kittrell	Almamae Kittrell

Subscribed and sworn to before me this 20th day of January, 1963.

Notary Public, residing at Waitsburg

My commission expires June 20, 1965

(Seal)

Signed Robert E Kittrell

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

215 Preston ave

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Franklin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of January, A. D. 1963

Notary Public, residing at Pasco

My commission expires 6-14-65

(Seal)

Signed

(Signature of Any Credible Person)

422 W. Lewis Pasco Wash.

(Street Address, City, State)

FORM DH 60-155 CL 1-17-64. one copy pd. rec. #14510.

Photo Copy of New York Life Insurance Co. Policy, dated Sept. 20, 1926 gives full name of insured as Almamae Kittrell, age 14 - beneficiaries are given as Robert E. and Alma Kittrell, parents - viewed by V.S.

Social Security Card, (photo Copy), #538-09-7130, dated Feb. 18, 1938 gives full name as Almamae Kittrell Cooney - viewed by V.S. Cooney is married name -

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Ilo

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 8571

Primary Registration District No. 2127 Registered No. 143

FULL NAME OF CHILD ~~[illegible]~~ Alpah May Kittrell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Sept 13, 1912

FATHER		MOTHER	
FULL NAME	Robert E. Kittrell	FULL MAIDEN NAME	Alpah Conklin
RESIDENCE	Ilo Idaho	RESIDENCE	Moscow Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Palouse Wash	BIRTHPLACE	Morris Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) H. C. Parrish M. D.

(Physician or Midwife)

Address Ilo Idaho

Filed 9-30-1912 Ellore V. Rogers Registrar

S-Y CO., 16670

PLACE OF BIRTH

County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. [illegible]

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

8571

SUPPLEMENTAL REPORT OF BIRTH

JAN 28 1964

Place of Birth
City Dlo
Street and House No.
County Lemhi

Registered Number 143
Registration District No. 32

Sex of Child Female

Date of Birth, 9 (Month) - 13 (Day) - 1912 (Year)

Full Name of Father: Robert E. Kithcell

Full Maiden Name of Mother: Almah Conklin

I HEREBY CERTIFY that the child described herein has been named:

Almah May Kithcell
(Given name in full) (Surname)

as reported by R. E. Kithcell
(Father or ~~Mother~~)

Elton B. Rogers
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

66-213-031-71

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-41

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Gem

City of Ho

No. ____, ____ St.

Hospital ____

Registration District No. 7

File No. 8572

Primary Registration District No. 212 7

Registered No. 144

FULL NAME OF CHILD unnamed

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Sept 13, 1912

FATHER		MOTHER	
FULL NAME	Monroe Albert Howerton	FULL MAIDEN NAME	Martha Mary Pabst
RESIDENCE	Ho Idaho	RESIDENCE	Ho Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Confectionary	OCCUPATION	housewife

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or Midwife)

Address Ho Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 9-30- 1912 Eleanor B. Rogers
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

AUG 2 6 1974

DECEASED

993-116-031-418

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Jennie

City of Mobleen

No. ....., ... St.

Hospital .....

Registration District No. 32 File No. 8573

Primary Registration District No. 2127 Registered No. 145

FULL NAME OF CHILD ROY RICHARDSON

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Sept 16, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jessie Richardson	Jennie Dory
RESIDENCE	Mobleen Idaho	Mobleen Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	32
BIRTHPLACE	Douglas Co Oregon	Reno Co. Kansas
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H C Yarnish M.D.

Mo. Idaho. (Physician or Midwife)

Address Mo. Idaho.

Given names added from a supplemental report

....., 19.....

Filed E-30 1912. Eleanor B. Rogers Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

c.c. 6/6/41. w.h.

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

8573

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Malden
Street and House No.
County Benewah

Registered Number 145

Registration District No. 32

Sex of Child Male

Date of Birth, 9 (Month) — 16 (Day) — 1913 (Year)

Full Name of Father Jessie Richardson

Full Maiden Name of Mother Jennie Day

I HEREBY CERTIFY that the child described herein has been named:

Roy Richardson
(Given name in full) (Surname)

as reported by Jennie Richardson
(Father or Mother)

Elmer P. Rogers
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

692-231-031-866

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. [illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Ho

Registration District No. 32 File No. 8574

No. ____, ____ St.

Primary Registration District No. 2127 Registered No. 146

Hospital ____

FULL NAME OF CHILD ~~unnamed~~ KATHERINE ESTHER FISKE

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Sept 21, 1912

FATHER		MOTHER	
FULL NAME	Nathan M Fiske	FULL MAIDEN NAME	Eliza H. Howard
RESIDENCE	Ho Idaho	RESIDENCE	Ho Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Redwing Minn	BIRTHPLACE	Colterville, Ill.
OCCUPATION	Minister	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 O P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H C. Carwick M. D.

(Physician or Midwife)

Address Ho. Idaho

Given names added from a supplemental report

....., 19.....

Filed E-30- 1912 Elmer V. Rogers

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Idho-6-30-11

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

80574

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Dlo
Street and House No.
County Lewis

Registered Number 146

Registration District No. 32

Sex of Child Female

Date of Birth, 9 (Month) - 21 (Day) - 1912 (Year)

Full Name of Father Nathan M. Fiske

Full Maiden Name of Mother Eliza Hood

I HEREBY CERTIFY that the child described herein has been named:

Katherine Esther Fiske
(Given name in full) (Surname)

as reported by N. M. Fiske
(Father or ~~Mother~~)

Elton B. Rogers
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

JUL 28 1966

OCT 1 3 1942

JUL 7 1970

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-20m-2-15-12

PLACE OF BIRTH

793-124-031-235

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 8575

Primary Registration District No. 2127 Registered No. 147

FULL NAME OF CHILD Wiley Kenneth Gilbertson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	9-24-1912

FATHER

FULL NAME: C. W. Gilbertson

RESIDENCE: Winchester

COLOR: White AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Oregon

OCCUPATION: Engineer

MOTHER

FULL MAIDEN NAME: Hydia Stedman

RESIDENCE: Winchester

COLOR: White AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Wash.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician

(Physician or midwife)

Address Winchester, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 9-24 1912 Elton B. Rogers Registrar

S-Y CO. 20174

MAY 25 1971

OCT 1 1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

243-126-031-577

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

No. ____, ____ St.

Hospital ____

Registration District No. 32 File No. 8576

Primary Registration District No. 2128 Registered No. 148

FULL NAME OF CHILD Ross Everette Buckingham

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Sept. 26, 1912

FATHER	MOTHER
FULL NAME: Ross D. Buckingham	FULL MAIDEN NAME: Jessie Eggleston
RESIDENCE: Kamiah	RESIDENCE: Kamiah
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Nebraska
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 9:30 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wolbert F. McMahan

Physician (Physician or Midwife)

Address Kamiah, Idaho.

Given names added from a supplemental report

____, 19____

Filed 10-7-1912 Elmer B. Rogers

Registrar

S-Y CO., 16670

Registrar

MAY 1 [illegible]

168-128-031-699

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Gem

City of Ho

No. ____, ____ St.

Hospital ____

Registration District No. 32 File No. 8577

Primary Registration District No. 2127 Registered No. 149

FULL NAME OF CHILD ~~boy~~ Carl Oliver Johnson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Sept 28, 1912

FATHER		MOTHER	
FULL NAME	Andrew M. Johnson	FULL MAIDEN NAME	Lilly Wright
RESIDENCE	Ho Idaho	RESIDENCE	Ho Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Sweden	BIRTHPLACE	Dayton Wash
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.45 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or Midwife)

Address Ho Idaho.

Given names added from a supplemental report

....., 19.....

Filed 9-30 1912 Elsie B. Rogers

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 14 1942

113-227-031-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Nezperce

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 8578

Primary Registration District No. 2127 Registered No. 130

FULL NAME OF CHILD Naomi Ernetta Jackson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	3 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. W. Jackson	Florence Wilks
RESIDENCE	Nezperce	Nezperce
COLOR	W.	W.
AGE AT LAST BIRTHDAY	29 (Years)	18 (Years)
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Hm

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) O. G. Jaffrays

..... (Physician or Midwife)

Address Nezperce

Filed 10-10- Wm. Elton B. Rogers Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

JUL 10 1950

819-126-031-865

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lewis

City of Kooskia

No ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 92 File No. 8579

Primary Registration District No. 2127 Registered No. 151

FULL NAME OF CHILD Marion Owen Harlan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Y	3 16 1912

FATHER		MOTHER	
FULL NAME	J. V. Harlan	FULL MAIDEN NAME	Blanch Honey
RESIDENCE	Kooskia	RESIDENCE	Kooskia
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	Hse

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 11 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. G. Jeffreys

(Physician or ~~Midwife~~)

Address Kooskia

Given names added from a supplemental report

....., 19.....

Filed 10-10-12 Elsie B. Rogers

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

459-22-031-569

PLACE OF BIRTH

County of Lewis

City of Nezperce

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 92 File No. 8580

Primary Registration District No. 2127 Registered No. 152

FULL NAME OF CHILD Loren Elda Meiners

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Y	3 22 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. J. Meiners	Ethel Vorheis
RESIDENCE	Nezperce	Nezperce
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	31	30
BIRTHPLACE	Ida	Neb.
OCCUPATION	Farmer	Hm

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~), at 1:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffreys

(Physician or ~~Midwife~~)

Address Nezperce

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 10-10-1917 Elton B. Rogers Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 1 1 1942

792 - 216-031-815

Amended 7/13/71

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

8581

County of Lewis

City of Nezperce

No ....., ... St.

Registration District No. 32 File No. .....

Primary Registration District No. 2127 Registered No. 15-3

Hospital .....

FULL NAME OF CHILD Allene Bernice Gibbons

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Y	3 16 1917

FATHER		MOTHER	
FULL NAME	Russell Gibbons	FULL MAIDEN NAME	Bella Hauenstein
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Ark.
OCCUPATION	Laborer	OCCUPATION	Hm

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 9 3/4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. G. Jeffreys

(Physician or ~~Midwife~~)

Address Nezperce

Given names added from a supplemental report

....., 19.....

Registrar

Filed 10-10-17 Wm. Elbert P. Rogers

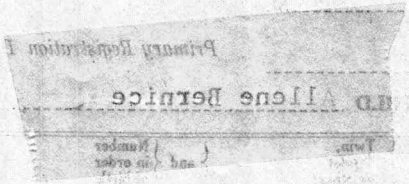
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



7 13 71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 8581

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Arline Gibbons (Name on Original Certificate) who was born (Was Born or Died) on March 10, 1912 (Date of Event)
in Nezperce, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Arline Gibbons	Allene Bernice Gibbons

Subscribed and sworn to before me this 13th day of July, 19 71

Florence Cartright

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed Myrna L. Eschleman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

317 Franklin - Kuna, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

JUL 13 1971

Own childs birth certificate State of Idaho File No. 260579 Shirley Joanne Bowers born Oct. 14, 1937 in Weiser, Idaho gives mothers name as Allene Bernice Gibbons Viewed by VS

Church of the Brethren Cradle Roll Certificate , Nezperce, Idaho(accepted as a member of the Cradle Roll Primary Department)July 30,1912 gives name as Allene Gibbons born March 16, 1912 parents Dilly & Russel Gibbons.

Viewed by VS

369-211-031-243

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lewis

City of Nezperce

*No*_____, _____ *St.*

Hospital _____

Registration District No 32 **File No.** 8582

Primary Registration District No. 2127 **Registered No.** 134

FULL NAME OF CHILD Evelin Charlotte Casey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Y	2 11 192

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clem A Casey	Alice Buck
RESIDENCE	Nezperce	Nezperce
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Wash	Wash
OCCUPATION	Farmer	Hse.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 4 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... , 19.....

..... *Registrar*

(Signature) O G Jeffreys

(Physician ~~or Midwife~~)

Address Nezperce

Filed 10-10- Elton B Rogers *Registrar*

SYMS - YORK CO., PTRS. & BDRS. 17326

NOV 26 1941

AUG 16 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

263-16-031-667

PLACE OF BIRTH

County of Lewis

City of Nezperce

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 92 File No. 8583

Primary Registration District No. 2127 Registered No. 15-5

FULL NAME OF CHILD Child born Warm over given

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	2 10 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ben Bocklund	Orpha Fox
RESIDENCE	Nezperce	Nezperce
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	26	19
BIRTHPLACE	Maine.	Neb.
OCCUPATION	Farmer	Hse.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~), at 6 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. G. Jeffreys

(Physician ~~or Midwife~~)

Address Nezperce

Given names added from a supplemental report

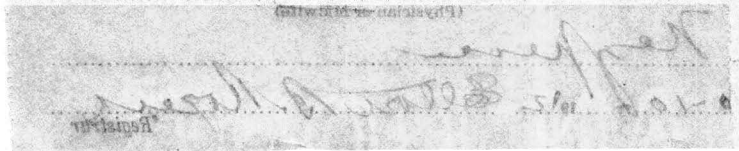
____, 19____

Registrar

Filed 10-10-1912 Elton B. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826



714-222
016-954
PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Clearwater
City of Orofino
No ____, ____ St.
Hospital ____

Registration District No 32
Primary Registration District No 2127
File No 8584
Registered No. 156

FULL NAME OF CHILD Mary Helen Gamble

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	1 22 1912

FATHER	MOTHER
FULL NAME W. F. Gamble	FULL MAIDEN NAME Blanch Kenney
RESIDENCE Orofino	RESIDENCE Orofino
COLOR W. AGE AT LAST BIRTHDAY 35 (Years)	COLOR W. AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Ohio
OCCUPATION Ferryman	OCCUPATION Hm

Number of child of this mother, including present birth 4
Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 1.41 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. A. Jeffreys
(Physician or ~~Midwife~~)
Address Kamiah Idaho

Given names added from a supplemental report

____, 19____
____ Registrar

Filed 10-10-1912 Elton B. Rogers Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

DECEASED

253-204-031-365

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No ....., ... St.

Registration District No 32 File No. 8586

Hospital .....

Primary Registration District No. 2127 Registered No. 15-8

FULL NAME OF CHILD Eunice Ethel Bell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	2 4 1917

FATHER		MOTHER	
FULL NAME	H. E. Bell	FULL MAIDEN NAME	M. M. Cornwell
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Iowa	COLOR	W.
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	33
		BIRTHPLACE	Ill.
		OCCUPATION	Hse.

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. G. Jeffreys

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

Address Nezperce

Filed 10-10-1917 Ellen B. Rogers

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 8586

State of Calif. }
County of Tulare } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Eunice Ethel Bell (Name on Original Certificate) who Born (Was Born or Died) on Feb. 4, 1912 (Date of Event)
in Wy Perce Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Eunice Ethel Bell
Date	Feb. 14th	Feb. 4th

Subscribed and sworn to before me this 7th
day of May 1942, 19....
and Tobias

Notary Public, residing at Porterville Cal

My commission expires My Commission Expires Feb. 14th, 1946.
(Seal)

Signed Minnie M Bell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19....

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 14 1942

JUN 17 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

469-101-031-391

PLACE OF BIRTH

County of Lewis

City of Kamiah

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 8587

Primary Registration District No. 2127 Registered No. 159

FULL NAME OF CHILD Ivan Chas. Morgan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	5-1-19[illegible]

FATHER		MOTHER	
FULL NAME	W. L. Morgan	FULL MAIDEN NAME	Emma Lewis
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	53
* COLOR	W.	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Wales	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Home

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 9:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. G. Jeffreys

(Physician ~~or Midwife~~)

Address Kamiah

Given names added from a supplemental report

....., 19.....

Registrar

Filed 10-10, 19 12 Elton B. Rogers

Registrar

SYMS - YORK CO., PTRS. & STRS. 17326

Dup of 1912-9382

819-101-035-219

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Nez Perce

City of Slickpoo

Registration District No. 12

File No. 8588

No. ____, ____ St.

Primary Registration District No. 2172

Registered No. ____

Hospital ____

FULL NAME OF CHILD Clarence M. Hardin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes	Sept 1 1912

FATHER		MOTHER	
FULL NAME	Daniel A Hardin	FULL MAIDEN NAME	Bessie Garlet
RESIDENCE	Slickpoo	RESIDENCE	Slickpoo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 3 P.M. on the date above stated.

(Signature) J H Ragsdale

(Physician or Midwife)

Address ____

Filed Oct 10 1912 L J Perkins Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 12 1945

101-035-754

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Nezperce

City of Summit Ida

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 8589

Primary Registration District No. 2074 Registered No. 191

FULL NAME OF CHILD ~~Not Named~~ Boy Henry Wohlsein

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	Single	One	Yes	Sept. 1, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Henry Wohlsein.	
FULL MAIDEN NAME		Louisa P. Ideen.
RESIDENCE	Summit Idaho.	Summit, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	31
BIRTHPLACE	Iowa.	Washington
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Living (Born alive or stillborn) at 9:30 M. on the date above stated.

(Signature) J. J. Herrington

Physician & Surgeon.

(Physician or Midwife)

Address ____

Filed 10-2 1912 E. E. Watts Registrar

Oct 10-1912 R. J. Neibur

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

JUL 16 1962

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

8589

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Pennant
Street and House No.
County Nez Perce

Registered Number 191
Registration District No. 16

Sex of Child Male

Date of Birth, Sept 1st (Month) (Day) 1912 (Year)

Full Name — Father: Henry Wohlsein

Full Maiden Name — Mother: Lama Peden

I HEREBY CERTIFY that the child described herein has been named:

Roy Henry Wohlsein
(Given name in full) (Surname)

as reported by Not signed
(Father or Mother)

L. J. Gelbin
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

211-231-035-818

PLACE OF BIRTH

Form V. S. No. 10C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No ____, ____ St.

Hospital ____

Registration District No 16

File No 8590

Primary Registration District No 2016

Registered No. 192

FULL NAME OF CHILD HELEN ALDIS Gack

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
female			yes	Aug. 31st, 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME CARL Gack	FULL MAIDEN NAME Alice Hays
RESIDENCE Deland	RESIDENCE Deland
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 56 (Years)	AGE AT LAST BIRTHDAY 46 (Years)
BIRTHPLACE Germany	BIRTHPLACE Oklahoma
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive ~~or stillborn~~) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Vadney

(Physician or Midwife)

Address Deland Idaho

Given names added from a supplemental report

____, 19____

Registrar

Filed Oct. 10 1912 L J Perkins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho Oregon } ss.
County of Nez Perce Multnomah

Certificate No. 8590

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Helen Aldis Baack (Name on Original Certificate) who Born (Was Born ~~or Died~~) on Aug 31 1912 (Date of Event)
in Leland Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance (Bible Record, Insurance Policy, Etc.) prepared on Oct 10, 1935 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Heleand Baack	Helen Aldis Baack
Father's name	Charles	Carl
Date	Sept. 2	Aug. 31, 1912

Subscribed and sworn to before me this 29th
day of May 1942.

Notary Public, residing at Portland Oregon
My commission expires 3/2/45
(Seal)

Signed Olive Baack,
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5721 - Kirkwood Place - Seattle, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of May 1942

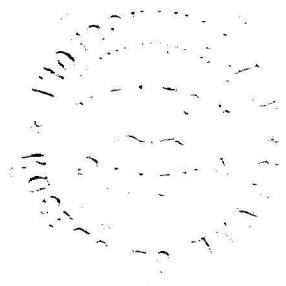
Notary Public, residing at Portland Ore.
My commission expires 3/2/45
(Seal)

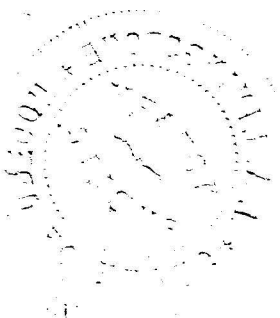
Signed Grace R. Baack
(Signature of Any Credible Person Other Than Previous Year)

4858 - N.E. 8th. Ave, Portland Ore.
(Street Address, City, State)

JUN 3 1942

JUN 5 1942





MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Culdesac

No. ____, ____ St.

Hospital ____

Registration District No. 16 File No. 8591

Primary Registration District No. 2073 Registered No. 193

FULL NAME OF CHILD Cecil Henry Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sep 3 1912

FATHER		MOTHER	
FULL NAME	William D. Smith	FULL MAIDEN NAME	Liza L. Wilkes
RESIDENCE	Slickpoo	RESIDENCE	Slickpoo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	California	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 6 P. M. on the date above stated.

(Signature) J. H. Ragsdale M. D.

Culdesac, Ida

(Physician or ~~Midwife~~)

Address Culdesac Ida.

Filed Sep 4 1912 J. H. Ragsdale Registrar

Oct 10 1912 R. J. Perkins

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

Social Security Card, 12-16-36; No. 518-03-3662 gives full name as Cecil Henry Smith - viewed by V.S. Photo Copy of Page from Family Bible Titled Births, gives one child's full name as Cecil Henry Smith, born September 3, 1912 - appears old and unaltered - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Asotin }

Certificate No. 8591

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Smith (male child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 3, 1912 (Date of Event)
in Culdesac, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Cecil Henry Smith

Subscribed and sworn to before me this 27th day of November, 1961
Paul Lekermeyer
Notary Public, residing at Clarkston
My commission expires Sept 22-1963
(Seal)

Signed X Cecil Henry Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Asotin, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Asotin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of November, 1961
Paul Lekermeyer
Notary Public, residing at Clarkston
My commission expires Sept 22-1963
(Seal)

Signed Cloyd N. Smith
(Signature of Any Credible Person)
721-14th St Clarkston Wash
(Street Address, City, State)

FORM DH 60-155

CL 6-23-61. one copy pd. receipt #17567.

AUG 27 1962

845-203-055-241

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St Joseph

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 8592

Primary Registration District No. 1009 Registered No. 194

FULL NAME OF CHILD Elizabeth Hungerford

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single (To be answered only in event of plural births)	1st	Yes	Sept. 3, 1912

FATHER		MOTHER	
FULL NAME	Robert Abbott Hungerford	FULL MAIDEN NAME	Mary A. Small
RESIDENCE	Bovill Idaho	RESIDENCE	Bovill Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Conn	BIRTHPLACE	Lewiston
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Morris

(Physician or ~~Midwife~~)

Address Lewiston

Given names added from a supplemental report

....., 19.....

Filed Oct 10 1912 L. J. Perkins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

AUG 20 1965

866-165-233-235

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Nezperce

City of Lookout, Ida. Registration District No. 16 File No. 8593

No. ____, ____ St.

Primary Registration District No. 2074 Registered No. 195

Hospital ____

FULL NAME OF CHILD WILLIAM CLARENCE HOWERTON

Sex of Child	Twin, Triplet, or other	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	Single (To be answered only in event of plural births)	One	yes	Sept 5, 1912

FATHER	MOTHER
FULL NAME Isaac R Howerton	FULL MAIDEN NAME Maggie Skelton
RESIDENCE Lookout, Idaho	RESIDENCE Lookout
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Missouri
OCCUPATION Farmer.	OCCUPATION Home Work

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 8.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. J. Herrington

Physician & Surgeon (Physician or Midwife)

Address Gifford, Idaho.

Filed Oct 10 1912 19.....

E. E. Waldo Registrar

L. J. Perkins

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. OCT 27 1941
County of NezPerce }

Certificate No. 8593
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for none (Name on original certificate) who borned (Was born or died) on 9-4-1912 (Date of event)
in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Howerton	William Clarence Howerton
Date of birth	Sept. 4, 1912	Sept. 5, 1912

Subscribed and sworn to before me this 24th day of October, 19 41.

Notary Public, residing at Culdesac, Idaho.
My commission expires Feb. 27th. 1943
[SEAL]

Signed Mrs Margaret Howerton, Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Culdesac, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

191-104-035-363

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nezperce

City of Lookout

Registration District No. 16

File No. 8594

No. ____, ____ St.

Primary Registration District No. 2074

Registered No. 196

Hospital ____

FULL NAME OF CHILD Lucas Oatow.

Sex of Child	Twin, Triplet, or other (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	Single	8	yes	Sept. 4th, 1912.

FATHER		MOTHER	
FULL NAME	Jas Braisted	FULL MAIDEN NAME	Mary Grace Lockwood
RESIDENCE	Lookout, Idaho.	RESIDENCE	Lookout Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	46
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Maine	BIRTHPLACE	Maine
OCCUPATION	Farmer.	OCCUPATION	Home Wife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 8.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Hemingstave

Physician Surgeon (Physician or Midwife)

Address Gifford Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct 10-1912 E. E. Watts Registrar

Oct 10-1912 L. J. Perkins

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912-35299f

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

692 - 205 - 035 - 158

Amended 9-20-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 8595
Local Reg. No. 197
Reg. Dist. No. 16

1. PLACE OF BIRTH
a. COUNTY: Nez Perce
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewiston
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: St. Joseph's

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Washington b. COUNTY: Asotin
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cloverland
d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME (Type or print)
a. (First): Louise b. (Middle): c. (Last): Fischer

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): September 5, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): T. b. (Middle): W. c. (Last): Fischer

8. AGE (At time of this birth): 30 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Kan.

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Inda b. (Middle): c. (Last): Snyder

13. AGE (At time of this birth): 30 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Kan.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. B. Morris

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS

20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.: Oct. 10, 1912

22. REGISTRAR'S SIGNATURE: L.J. Perkins

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Affidavit for purpose of securing a delayed birth certificate

I swear that I have knowledge of the following facts and that they are true--
Louise F. McClure--maiden name Louise Fischer--was born Sept. 5, 1912 in the St. Joseph's Hospital-Lewiston, Idaho.
Her parents were Mrs. Inda Louise Fischer--maiden name Inda Louise Snyder --and Mr. Thomas William Fischer.

My reason for knowledge of her birth is that I am an aunt of Louise F. McClure and was in touch with her family before her birth and while she was growing up.

Signed Mrs. Myrtle Snyder
Age 69

Subscribed and sworn before me this 18th day of July, 1967.

B. A. Falconer

Comm. expires 9-21-70

Statement from University of Idaho, Moscow, Idaho, dated July 28, 1967, written by J.E. Frazier Assistant Registrar states "This is to certify that Louise Fischer McClure first entered the University of Idaho on June 11, 1935. At that time she gave her birthdate as September 5, 1912, her birtplace as Lewiston, Idaho and her father's name as T.W. Fischer." - viewed by V.S.

Photo Copy of Permanent Record, Lewiston Junior-Senior High School, Lewiston, Idaho, date entered Sept. 8, 1924 gives full name as Louise Fisher, born Sept. 5, 1912 and father's name as T.W. Fisher - viewed by V.S.

Phto Copy of Grade Transcript of Northern ~~Idho~~ Idaho College of Education, Lewiston, Idaho, matriculated 1930 - 1930-1933 - gives full name of student as Louise Fischer McClure, born September 5, 1912 at Lewiston, Idaho - parent: Mrs. T.W. Fischer - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ....., ... St.

Hospital St Joseph

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 8595

Primary Registration District No. 1009 Registered No. 199

FULL NAME OF CHILD Garnie Fisher

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	2	yes	Sept. ....., 191.2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	E W Fisher	Nora Snyder
RESIDENCE	Edgerton Wash	Edgerton Wash
COLOR	White	White
AGE AT LAST BIRTHDAY	30 (Years)	30 (Years)
BIRTHPLACE	Kan	Kan
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G B Morris

(Physician ~~or Midwife~~)

Address .....

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct 10 19 12 L J Perkins

Registrar

S-Y CO., 16670

SEP 21 1967

345-108-035-693

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Spalding Nez Perce

City of Spalding

Registration District No. 16 File No. 8596

No. ____, ____ St.

Primary Registration District No. 2114 Registered No. 198

Hospital ____

FULL NAME OF CHILD Kenneth Wilson Cunningham

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Oct. 8, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl Cunningham	Jennie Wilson
RESIDENCE	Spalding	Spalding
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	27
BIRTHPLACE	South Dakota	Wash
OCCUPATION	Farmer	Farmers Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 7 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M. Alley

(Physician or Midwife)

Address Spalding, Idaho

Given names added from a supplemental report

____, 19____

John M. Alley Registrar

Filed Oct 10 1912 L. J. Perkins Registrar

SYMS-YORK CO., PTRS. & BORS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

RECORD

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Linn }

Certificate No. 8596

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Sept. 8, 1912 (?) (BIRTH OR DEATH) for Earl Wilson (NAME ON ORIGINAL CERTIFICATE) who ~~was~~ born (WAS BORN OR DIED) on Sept 8, 1912 (DATE OF EVENT) in Spaulding (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible records and insurance policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Sept. 10, 1912 (Bible Record) (EFFECTIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Earl Wilson	Kenneth Wilson Cunningham

Subscribed and sworn to before me this 29 day of May, 1948

W. B. Sims

Notary Public, residing at Said Oregon

My commission expires Jan 11-49.
(SEAL)

Signed Earl Cunningham
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Linn }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of May, 1948

W. B. Sims

Notary Public, residing at Said Oregon

My commission expires Jan 11-49
(SEAL)

Signed Jennie L. Maine
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Scio Ore
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JUN 10 1949

249-108-035--863

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St Joseph

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 8597

Primary Registration District No. 1009 Registered No. 199

FULL NAME OF CHILD Edward Elmore Smith

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			No.	Sept. 8 1912

FATHER	MOTHER
FULL NAME: Merl Smith	FULL MAIDEN NAME: Helen Hallister
RESIDENCE: Clarkston Wash.	RESIDENCE: Clarkston Wash.
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 16 (Years)	AGE AT LAST BIRTHDAY: 15 (Years)
BIRTHPLACE:	BIRTHPLACE: Clarkston Wash
OCCUPATION: None	OCCUPATION: None

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) L J Perkins

(Physician or midwife)

Address Lewiston Idaho

Filed Oct 10 1912 L J Perkins

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-3-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

687 - 210 - 025 - 525

Amended 6-23-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 8598
Local Reg. No. 200
Reg. Dist. No. 16

1. PLACE OF BIRTH
a. COUNTY: Nez Perce
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lapwai
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Spaulding
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Beulah
b. (Middle): Lorraine
c. (Last): Whitlock

4. SEX: F.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Sept. (Day) 10, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Ebbin
b. (Middle): D.
c. (Last): Whitlock

8. AGE (At time of this birth): 21 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Kan.

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Nora
b. (Middle):
c. (Last): Kress

13. AGE (At time of this birth): 29 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Ind.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: John N. Alley

19. ADDRESS: Lapwai, Idaho

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Oct. 10, 1912

22. REGISTRAR'S SIGNATURE: L.J. Perkins

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 1 81966
Bureau of Vital Statistics

State of Washington } ss.
County of Grant

Certificate No. 8598

Date Filed

The undersigned does solemnly swear that certain facts in the certificate of Birth (Birth or Death)
for Bulah Loraine Whitlock (Name on Original Certificate) who born (Was Born or Died) on Sept. 10, 1912 (Date of Event)
in Lapwai, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Bulah Loraine Whitlock	Beulah Lorraine Whitlock
Full Name of Father	Eiben Whitlock	Ebbin D. Whitlock

Subscribed and sworn to before me this 14 day of May, 1966
Margaret V Bond
Notary Public, residing at Ephrata
My commission expires Nov 29, 1968
(Seal)

Signed A W Bond
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
66 DIXIE Ephrata Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Grant

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of May, 1966
Margaret V Bond
Notary Public, residing at Ephrata
My commission expires Nov 29-1968
(Seal)

Signed Francis P. Bierrum
(Signature of Any Credible Person)
92 L DIXIE Ephrata Wash
(Street Address, City, State)
98843

FORM DPH 55. 155

CL 2-3-60. one copy pd. receipt #19857.

Photo Copy of Family Record, appears old and unaltered gives full name of one child as Beulah Lorraine Whitlock - viewed by V.S.

State of Washington, County of Asotin, Marriage Return, filed July 9, 1931, married July 9, 1931 gives ~~dfu~~ full name of groom as Francis Bierrum and full name of bride as Beulah Lorraine Whitlock - witnesses names are given as E. D. Whitlock and Nora Whitlock - viewed by V.S.

correction ok'd by W.W. Benson -

Another Child's Birth Cert. on file: (Idaho Birth) #18007 gives full name of parents as Ebbin Whitlock and Nora Kress - viewed by V.S.

689 - 210-035-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S.-No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Nez Perce

City of Lapwai

No. ____, ____ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16

Primary Registration District No. 2117

File No. 8598

Registered No. 900

FULL NAME OF CHILD Beulah Lorraine

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Sept 10 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Eben Whitlock	Nora Reed
RESIDENCE	Spalding	Spalding
COLOR	W	
AGE AT LAST BIRTHDAY (Years)	21	27
BIRTHPLACE	Kan	Ind
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Beulah Lorraine Whitlock (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Kelly

(Physician or Midwife)

Address Lapwai

Given names added from a supplemental report

Sept 11 1912

John N. Kelly Registrar

Filed Oct 10 1912 L. J. Parker Registrar

SYMS-YORK CO., PTRS. & BDRS. 17326

JUN 23 1966

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Gifford

268-184-035-249

No. ____, ____ St.

Registration District No. 16

File No. 8599

Primary Registration District No. 2074

Registered No. 201

Hospital ____

FULL NAME OF CHILD RALPH CLIFTON BOYD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Sept. 14, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas L. Boyd	Francis E. Burress
RESIDENCE	Gifford R.R. # 1	Same
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	44	39
BIRTHPLACE	Mo	Iowa
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Douglass M.D.

(Physician or Midwife)

Address Gifford Ida

Given names added from a supplemental report

....., 19....

Filed 9-18 1912 E. E. Watts Registrar

Oct 10-1912 L. J. Parker

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certificate named from card 2/5/42 Z.J.

Form V. S. No. 27B—5M-12-11

8594

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Gifford
Street and House No.
County Nez Perce

Registered Number 201
Registration District No. 16

Sex of Child Male

Date of Birth, Sept (Month) 14 (Day) 1912 (Year)

Full Name of Father: Chas. L. Boyd

Full Maiden Name of Mother: Frances E Bures

I HEREBY CERTIFY that the child described herein has been named:

Ralph E. Boyd.
(Given name in full) (Surname)

as reported by Chas. L Boyd
(Father or Mother)

L. J. Perkins
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

[redacted] 152-116
[redacted] 03-368
PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Leland

No. ..... St.

Hospital .....

Registration District No. 16 File No. 8601

Primary Registration District No. 2076 Registered No. 203

FULL NAME OF CHILD Wayne Jessup

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	2	Yes	Sept. 16 1912

FATHER		MOTHER	
FULL NAME	Earnest L Jessup	FULL MAIDEN NAME	Ida S. Bond
RESIDENCE	Leland	RESIDENCE	Leland
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Stoneburner M. D.

Leland Idaho
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

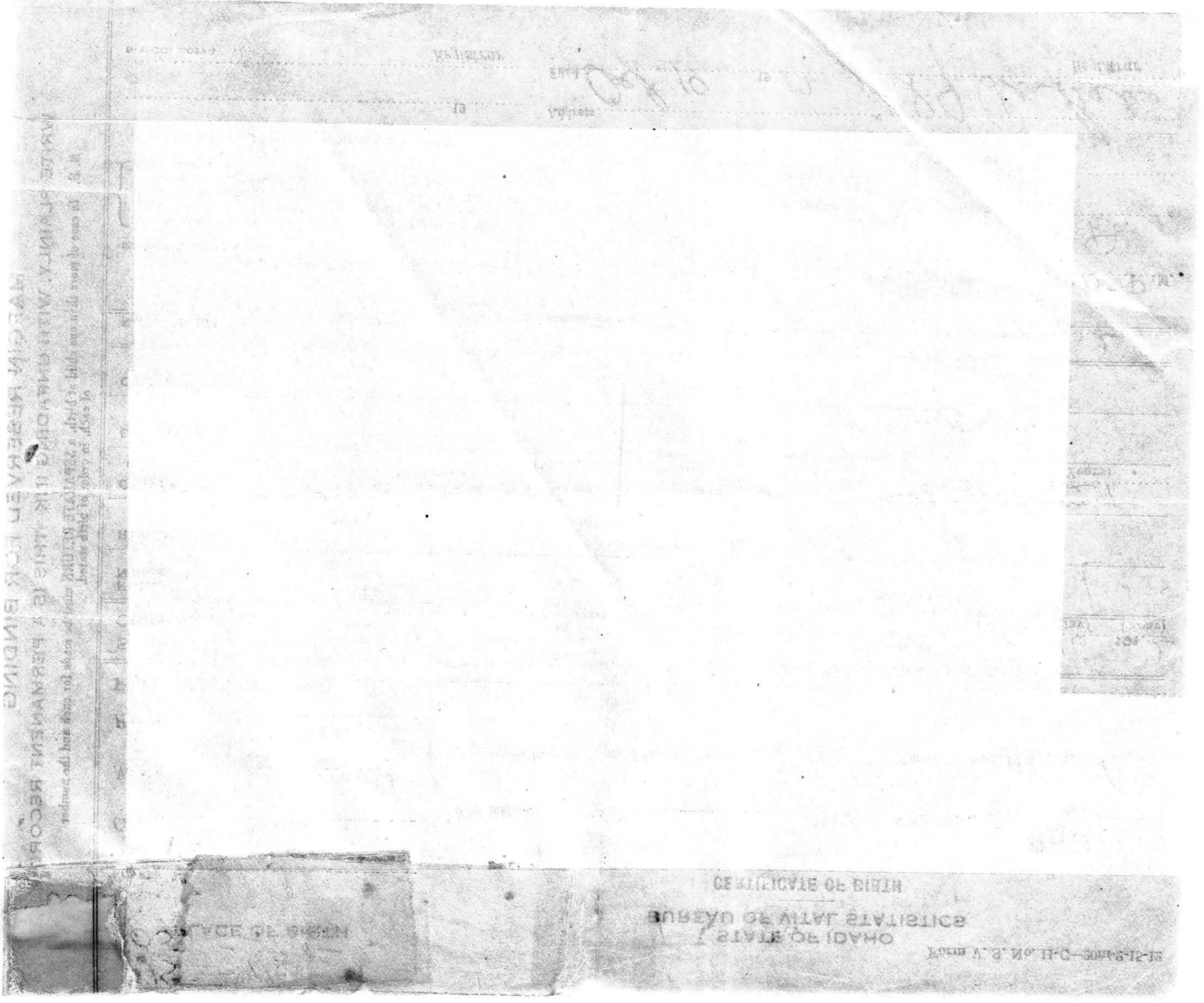
..... Registrar

Address .....

Filed Oct 10 19 12 L. J. Parkins
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Nezperce

City of Culdesac.

552-216-035-815

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16

File No. 8602

Primary Registration District No. 2074

Registered No. 204

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	Single (To be answered only in event of plural births)	Four	Yes	Sep. 16th 1912.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Nestlen	Rosie Hollowberley.
RESIDENCE	Culdesac. Idaho.	Culdesac. Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39.	30.
BIRTHPLACE	Germany.	Germany.
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 4.

Number of children, of this mother, now living, including present birth 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

(Signature) J. Hunsicker

Physician & Surgeon (Physician or Midwife)

Address Grangeville Idaho

Filed Oct. 10-1912 19 12

E. E. Watts Registrar

Oct. 10-1912 R.J. Perkins

Form V. S. No. 11-C—Rev. 6-29-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MAR 8 1971

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 16

File No. 8603

No. 356-118-035-249, St.

Primary Registration District No. 1009

Registered No. 265

Hospital

FULL NAME OF CHILD Eugene Earnest Lewis

Sex of Child	~~Twin, Triplet,~~ or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) Sept (Day) 18 (Year) 1912
Male				

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Oscar Lewis	Goldie Smith
RESIDENCE	408 15th St.	408 15th St.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	24
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Real Estate	Dressmaker

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 10 5 6 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Susan E. Bruce M. D.
(Physician or Midwife)

Address Adams Block Lewiston Ida.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Sept 29 1912 Susan E. Bruce
Registrar

Oct 10-1912 D. McPhee

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 2 2 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

512-118-035-855

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8604

County of Nez Perce

City of Lewiston

Registration District No. 16 File No.

No. 1117 = 7th St.

Primary Registration District No. 1009 Registered No. 206

Hospital

FULL NAME OF CHILD Joseph James Nash

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Sept 18 1912

FATHER		MOTHER	
FULL NAME	James S. Nash	FULL MAIDEN NAME	Margaret Hennessy
RESIDENCE	Lewiston Ida.	RESIDENCE	Lewiston Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kansas City Kansas.	BIRTHPLACE	Chicago Ill.
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6 a. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L J Perkins
(Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct. 10 1912 L J Perkins
Registrar

..... Registrar

S-Y CO. 20174

PLACE OF BIRTH

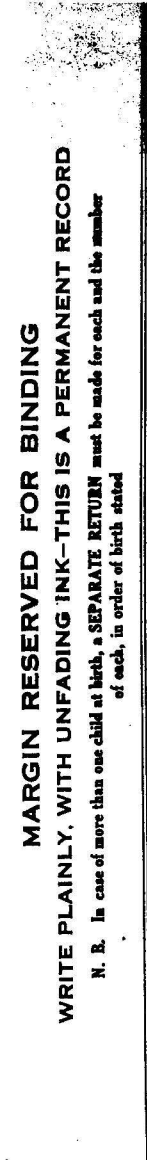
Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WHITE PAPER MUST BE USED FOR THIS RECORD



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

5[illegible]-209-035-317

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. 127, 15 St.

Registration District No. 16

File No. 8605

Primary Registration District No. 1009

Registered No. 204

Hospital

FULL NAME OF CHILD Frances Mary Edick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Legitimate?	Date of birth
Female	Single and Number in order of birth 3rd	Yes	Oct. 9 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	H. E. Edick	Lillie G. Bell
RESIDENCE	127 15 Meridian	Meridian
COLOR	White	White
AGE AT LAST BIRTHDAY	30 (Years)	21 (Years)
BIRTHPLACE	Wis	Minn
OCCUPATION	Clerk	Clerk

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or ~~stillborn~~), at 10 20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Morris

(Physician or ~~Midwife~~)

Address Meridian Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct. 10 1912 L. [illegible]

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

Registrar

PLACE OF BIRTH

STATE OF IDAHO

243-220-035-759

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Culdesac Registration District No. 16 File No. 8606

No. ____, ____ St.

Primary Registration District No. 2073 Registered No. 208

Hospital ____

FULL NAME OF CHILD Neta Cardinie Butler

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.	V		5	Yes	Sep 20, 191 2

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence A Butler	Carrie C Leigh
RESIDENCE	Culdesac	Culdesac
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	33
BIRTHPLACE	Oregon	Germany
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 1 a M. on the date above stated.

(Signature) J H Ragsdale MD

(Physician or Midwife)

Address Culdesac Ida

Filed Sep 21 1912 J H Ragsdale Registrar

Oct 10 - 1912 J. J. Perkins

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

263-121-035-555

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Gooding

Registration District No. 14

No. ____, ____ St.

Primary Registration District No. 2117

File No. 8607

Registered No. 209

Hospital

FULL NAME OF CHILD Neil Bolan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
W			Yes	Feb 21 1912

	FATHER	MOTHER
FULL NAME	Lyne Bolan	Ethel Neil
RESIDENCE	Lapwai Idaho	Gooding
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	21
BIRTHPLACE	Ind	Va
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Neil Bolan (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Nally

(Physician or Midwife)

Address Lapwai Idaho

Given names added from a supplemental report

Feb 22 1912

John Nally

Registrar

Filed Oct 10 1912 L. J. Perkins

Registrar

SYMS-YORK CO., PTRS. & BOOKS 17326

JUL 2 9 1958

967-123-035-225

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Nez Perce

City of Southwick

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 — File No. 8608

Primary Registration District No. 2076 — Registered No. 210

FULL NAME OF CHILD Raymond Rogers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Sept 28 1911

FATHER

FULL NAME: Russell Rogers

RESIDENCE: Southwick

COLOR: White — AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Neb.

OCCUPATION: farmer

MOTHER

FULL MAIDEN NAME: Martha Bleck

RESIDENCE: Same

COLOR: White — AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Minn

OCCUPATION: housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt M.D.

Southwick Idaho (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Oct 10 1912 L.J. Perkins Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO

PLACE OF BIRTH

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

8608

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Southwick

Street and House No.

County Nez Perce

Registered Number 210

Registration District No. 16

Sex of Child Male

Date of Birth, Sept (Month) 23 (Day) 1912 (Year)

Full Name Father Russell Rogers

Full Maiden Name Mother Martha Block

I HEREBY CERTIFY that the child described herein has been named:

Raymond Rogers
(Given name in full) (Surname)

as reported by Russell Rogers
(Father or Mother)

L. J. Perkins
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

JAN 27 1966

856-123-035-789

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 16 File No. 8609

No. ..... St.

Primary Registration District No. 2076 Registered No. 211

Hospital .....

FULL NAME OF CHILD LLOYD WESLEY Newett

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	2	Yes	Sept. 23 1912

FATHER		MOTHER	
FULL NAME	Clarence Newett	FULL MAIDEN NAME	Emma Philips
RESIDENCE	Southwick	RESIDENCE	Southwick
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Stoneburner M. D.

Leland Ida (Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed Oct 10 19 12 L. J. Perkins Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce }

Certificate No. 8609

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Lloyd Wesley Hewett (Name on Original Certificate) who was born (Was Born or Died) on September 23, 1912, (Date of Event) in Southwick, Nez Perce County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Samuel J.	Lloyd Wesley Hewett

Subscribed and sworn to before me this 15th day of June, 1943

Charles D Boren

Notary Public, residing at Lewiston, Idaho

My commission expires November 6, 1946.
(Seal)

Signed Clarence E Hewett (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

740 9th St., Clarkston, Washington.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of June, 1943

Charles D Boren

Notary Public, residing at Lewiston, Idaho.

My commission expires November 6, 1946.
(Seal)

Signed John R. Phillips
(Signature of Any Credible Person Other Than Previous Year)

317-4 ave. Lewiston Ida.
(Street Address, City, State)

JUN 2 2 1943

796-225-035-355

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Nez Perce

City of near Leland

No. ....., ... St.

Hospital .....

Registration District No. 16 File No. 8610

Primary Registration District No. 2076 Registered No. 212

FULL NAME OF CHILD Ethel Profitt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	6 25 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leonard Profitt	Maggie Centers
RESIDENCE	near Leland Idaho	same
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	19
BIRTHPLACE	Ky.	Ky.
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6.30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt M.D.

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Oct. 10 1912 L.J. Perkins
Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

STATE OF IDAHO

PLACE OF BIRTH

Form V. S. No. 27B—1M-6-20-11.

8610

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Lenard / Street and House No. / County Nez Perce

Registered Number, 212

Registration District No. 16

Sex of Child F

Date of Birth, 6 (Month) 26 (Day) 1912 (Year)

	Father	Mother
Full Name	Leonard Profitt	
Full Maiden Name		Maggie Centers

S-Y CO. 18655

I HEREBY CERTIFY that the child described herein has been named:

Ethel Profitt
(Given name in full) (Surname)

as reported by Maggie Profitt
(Father or Mother)

L. J. Perkins
(Local Registrar)

OCT 19 1945

258-226-035-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Nez Perce

City of Culdesac

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 1

File No. 8611

Primary Registration District No. .....

Registered No. 213

FULL NAME OF CHILD VIOLET VIRGINIA SNYDER

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	V	1	Yes	Sep. 26, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Howard M Snyder	Ivy E Miller
RESIDENCE	Culdesac	Culdesac
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	19	18
BIRTHPLACE	Washington	Minn
OCCUPATION	Saw mill hand	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or [redacted]) at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. [redacted]sdale

Culdesac

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Registrar

Filed ..... 19.....

Registrar

S-Y CO., 16670

Oct. 10 - 1912 L. J. Perkins

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Spokane } ss.

Certificate No. 8611

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Violet Virginia Snyder who (Was Born ~~or Died~~) on Sept 26th 1912 (Date of Event)
(Name on Original Certificate)
in Cuba Iowa (Place of Event) are ~~erroneous~~ or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, ~~Insurance Policy~~, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Violet Virginia Snyder
Surname	Snider	Snyder

Subscribed and sworn to before me this 30th day of July, 1943

Notary Public, residing at Spokane

My commission expires Sept. 2. 1944
(Seal)

Signed Mrs. Iva E. Snyder Slank
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

505 S. Bernard, Spokane, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Spokane } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of July, 1943

Notary Public, residing at Spokane

My commission expires Sept 2. 1944
(Seal)

Signed Harley W Slank
(Signature of Any Credible Person Other Than Previous Year)

505 S Bernard, Spokane. Wash.
(Street Address, City, State)

AUG 3 1943

853-227-035-3124

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Gibbiters

Registration District No 16 File No. 8612

No. ____, ____ St.

Hospital St Joseph Hospital Primary Registration District No. 1000 Registered No. 215

FULL NAME OF CHILD: Helen Catherine Helling

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	One	Yes	Sept. 27, 1912

FATHER		MOTHER	
FULL NAME	Lee Mc Helling	FULL MAIDEN NAME	Florence Sampson
RESIDENCE	St Joseph Mr Blackfoot	RESIDENCE	Blackfoot
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	St Joseph Miss	COLOR	White
OCCUPATION	Horseman	AGE AT LAST BIRTHDAY (Years)	26
		BIRTHPLACE	Alabama
		OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) on the date above stated. at 2 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Morris

(Physician ~~or Midwife~~)

Address Gibbiters Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 10 1912 L. J. Perkins

SYMS - YORK CO., PTRS. & BDRS. 17826

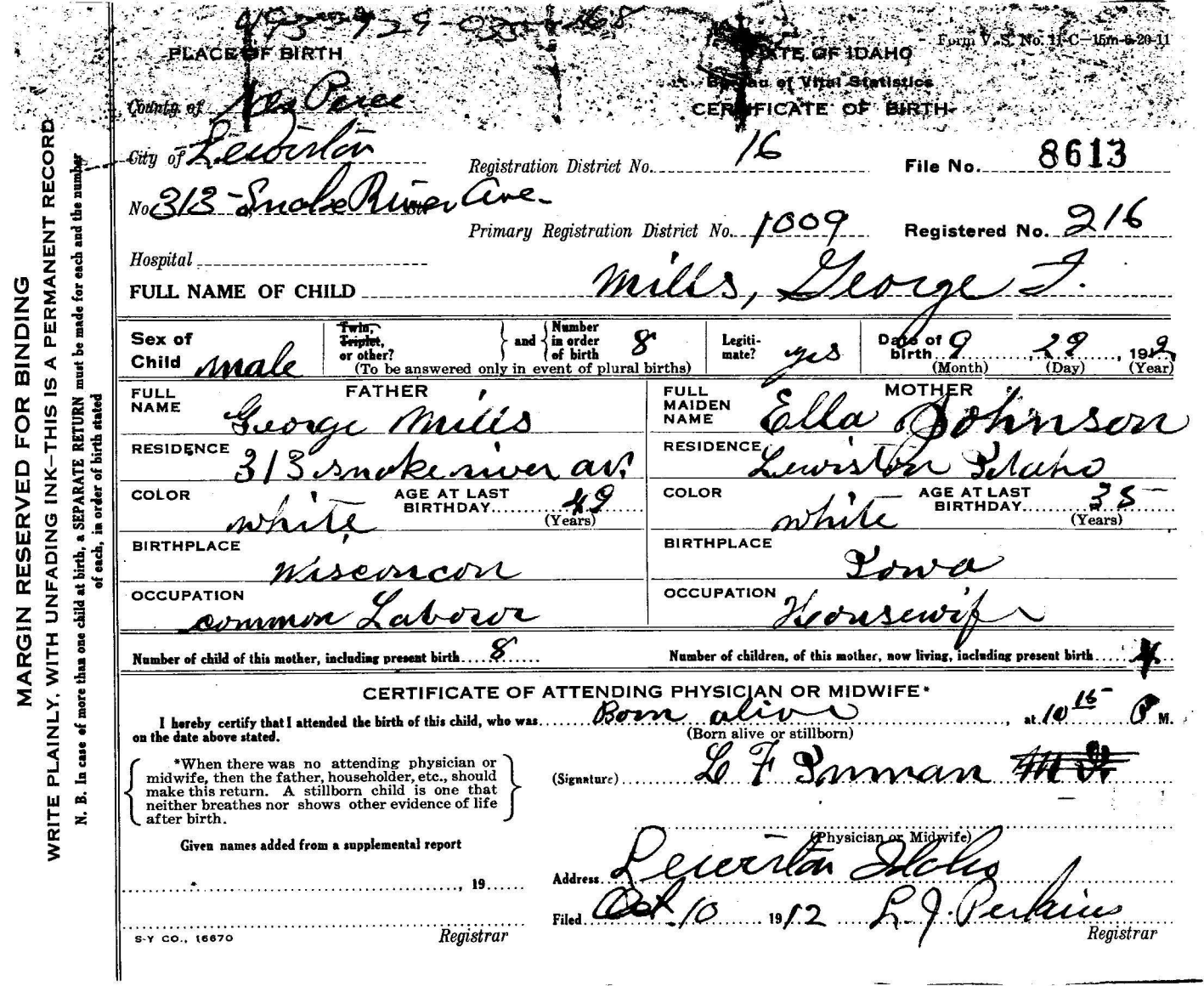
Registrar

Registrar

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics



PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 16

File No. 8613

No. 313 Snake River Ave.

Primary Registration District No. 1009

Registered No. 216

Hospital

FULL NAME OF CHILD Mills, George J.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		8	yes	9, 29, 1912

FATHER		MOTHER	
FULL NAME	George Mills	FULL MAIDEN NAME	Ella Johnson
RESIDENCE	313 snake river av.	RESIDENCE	Lewiston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Wisconsin	BIRTHPLACE	Iowa
OCCUPATION	common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 16 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L F Inman ~~M D~~

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct 10 1912 L J. Perkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

383 - 230 - 935 - 653

Amended 8-18-61

(Be sure the information is complete and accurate)

State File No. 8614
Local Reg. No. 217
Reg. Dist. No. 16

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Culdesac
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Culdesac
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Ermyth
b. (Middle): Ivy
c. (Last): Lyle

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Sept. (Day) 30, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Ernest
b. (Middle): E.
c. (Last): Lyle

8. COLOR OR RACE: White

9. AGE (At time of this birth): 20 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Washington

11a. USUAL OCCUPATION: Teamster

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Vera
b. (Middle): V.
c. (Last): Fell

13. COLOR OR RACE: White

14. AGE (At time of this birth): 18 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Mo.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: J. H. Ragsdale

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Culdesac, Ida.

18d. DATE SIGNED: Sept. 30, 1912

19. DATE REC'D BY LOCAL REG.: Oct. 10, 1912

20. REGISTRAR'S SIGNATURE: L.J. Perkins

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FORM IN THE DISTRICT WHERE THE EVENT OCCURRED FURNISHED AT EXPENSE OF STATE DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this articl with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be r attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in suc case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mun cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charge with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certif cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Chelan

Certificate No. 8614

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Ivy V. Lyle (Name on Original Certificate) who was born (Was Born or Died) on Sept 30, 1912 (Date of Event) in Culdesac, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared ~~on~~ at time of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Ivy V. Lyle	Ermyth Ivy Lyle

Subscribed and sworn to before me this 17 day of July, 1961.

I. Leon Lavergne
Notary Public, residing at Cashmere Wn
My commission expires July 24, 1963
(Seal)

Signed X Ermyth Lyle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R1 - Leavenworth Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

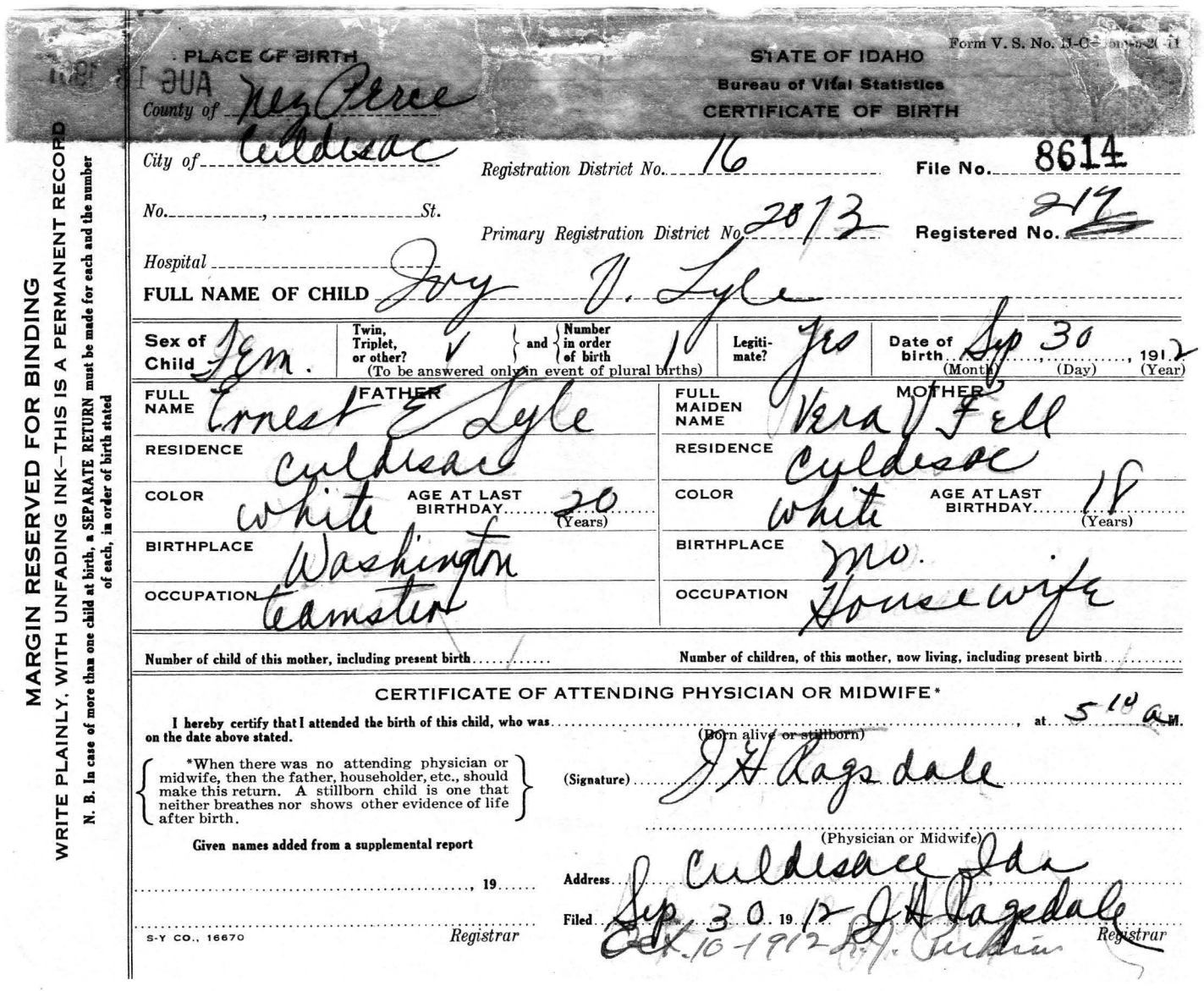
(Street Address, City, State)

FORM DPH 55.155 1 Cert - 2 Ord

Statement from Robert C. Strom, Clerk of the Board of Trustees, Joint Class B School District #303, Lewis and Idaho Counties, Craigmont, Idaho Public Schools, states High School Permanent record ledger on file in this office of Clerk of the Board of Trustees shows: Ermyth Ivy Lyle, born September, 1927 attended Craigmont High School, graduated in May, 1931 and parents name is given as Ernest Lyle - viewed by V.S.

State of Washington, County of Asotin, Marriage Return, married Aug. 19, 1931 gives full name of groom as George Raymond Nichols and full name of bride as Ermyth Lyle Fell - viewed by V.S.

Own Child's Birth Certificate on file: (Idaho Birth) #420302 gives full maiden name of mother as Ermyth Ivy Fell - viewed by V.S.



PLACE OF BIRTH

County of Nez Perce

City of Culdesac

No. ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C

Registration District No. 16

File No. 8614

Primary Registration District No. 2073

Registered No. 217

FULL NAME OF CHILD Jay V. Lyle

Sex of Child Fem.

Twin, Triplet, or other? ✓ and Number in order of birth 1

(To be answered only in event of plural births)

Legitimate? Yes

Date of birth Sep 30, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest E Lyle	FULL MAIDEN NAME	Vera V Fell
RESIDENCE	Culdesac	RESIDENCE	Culdesac
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Mo.
OCCUPATION	teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 5 10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Ragsdale

(Physician or Midwife)

Address Culdesac Ida

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Sep 30 19 12 J H Ragsdale Registrar

OCT 16 1912 E. J. Carlson

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 18 1961

793 - 116 - 035 - 766

[redacted]

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nezperces

City of Deland

No. ....., ... St.

Registration District No. 12 File No. 8615

Primary Registration District No. 2076 Registered No. 218

Hospital .....

FULL NAME OF CHILD Elsmer C. Gillespie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	9 16 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John C. Gillespie	Mary E Carrell
RESIDENCE	Deland	Deland
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	20
BIRTHPLACE	Ida	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth. nine

Number of children, of this mother, now living, including present birth. one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4-0 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Vadney M.D

(Physician or Midwife)

Address Deland Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 10 1912 L.J. Perkins

SYMS - YORK CO., PTRS. & SDRS. 17326 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Form V. S. No. 11-C—10m-8-1-11

PLACE OF BIRTH

846 - 219 - 035 - 386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nezperce

City of Lieland

No _____, _____ St.

Hospital _____

Registration District No 16 File No 8616

Primary Registration District No 2016 Registered No. 219

FULL NAME OF CHILD Lola Huffman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	9 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter A. Huffman	Nettie Thornton
RESIDENCE	Leland	Leland
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	19
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth one.

Number of children, of this mother, now living, including present birth one.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Vadney M.D

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address Leland Idaho

Filed Oct 10 1912 S. J. Perkins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

PLACE OF BIRTH

212-227-035-292

PLACE OF BIRTH

County of Nezperce

City of Melrose

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 16

File No. 1918 8617

No. ____, ____ St.

Primary Registration District No. 2074

Registered No. 214

Hospital ____

FULL NAME OF CHILD Ruth Baker.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	Single	2	yes	Sept 27th, 1912

	FATHER	MOTHER
FULL NAME	Jake Baker.	FULL MAIDEN NAME Catherine Bishop.
RESIDENCE	Melrose, Idaho.	Melrose, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28.	24
BIRTHPLACE	Missouri	Iowa.
OCCUPATION	Farmer.	House Keeper.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 11.15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. J. Herrington

Physician & Surgeon.

(Physician or Midwife)

Address Gifford Idaho.

Filed Oct 2 1912 E. E. Watts Registrar

Oct. 10-1912 R. J. Perkins

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

JUN 19 1943

DECEASED

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of Smith Boise

214-105-001-953 Registration District No. 1 File No. 8618

No. ....., ... St.

Primary Registration District No. 2004 Registered No. 187

Hospital .....

FULL NAME OF CHILD Edgar Lewis Kaufman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Sept 5, 1912

FATHER	MOTHER
FULL NAME Chas. Kaufman	FULL MAIDEN NAME Beulah L Ramsey Lewis
RESIDENCE Smith Boise	RESIDENCE Smith Boise
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Indiana	BIRTHPLACE Iowa
OCCUPATION Draftsman	OCCUPATION Housework

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) L L Williamson M D
(Physician or Midwife)

Address 824 Jefferson

Filed Sept. 9, 1912 G. E. Shawhan
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

CERTIFICATE OF BIRTH

Registration District No. _____ File No. _____

RESIDENCE

COLOR

OCCUPATION

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a CERTIFICATE must be made for each of such children, in order of birth stated

317-102-001-336

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 1 — File No. 8619

No. 2824 Idaho St. — Primary Registration District No. 2084 — Registered No. 188

Hospital

FULL NAME OF CHILD Clarence Cagle

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			L	Sept 2, 1912

FATHER

FULL NAME: Chas M Cagle.

RESIDENCE: 2824 Idaho St

COLOR: W — AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Mo.

OCCUPATION: Teamster

MOTHER

FULL MAIDEN NAME: Myrtle M Stoddard

RESIDENCE: 2824 Idaho St.

COLOR: W — AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Arizona

OCCUPATION: H. W.

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 10 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) John Boucher

(Physician ~~or Midwife~~)

Address Boise Ida

Filed Sept. 10, 1912 G. E. Shawhan
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 8615

PLACE OF BIRTH

SERVED FOR BINDING

DING INK—THIS IS A PERMANENT RECORD

389-12-0001-363

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of S. Boise

No ....., ... St.

Hospital .....

Registration District No 1

2004

Primary Registration District No. 1864

File No. 8620

189 ~~8~~ 9 ~~800~~

Registered No. 88

FULL NAME OF CHILD Robert Henry Chesser

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			L.	aug. 23 1912

FATHER		MOTHER	
FULL NAME	Henry Chesser	FULL MAIDEN NAME	May Cochran
RESIDENCE	So. Boise	RESIDENCE	S. Boise
COLOR	W	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Ohio	BIRTHPLACE	Illinois
OCCUPATION	Stone Mason	OCCUPATION	House Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (~~Born dead~~ or stillborn), at 9.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) E. F. Robbins

(~~Physician~~ or Midwife)

Address 219 W. S. Ave.

Filed Sept 11, 19 12 G. E. Shawhan
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—10m-8-'. 1

433-210-001-813

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Near Cole School St.

Hospital

Registration District No. 1 File No. 8621

Primary Registration District No. 2004 Registered No. 190

FULL NAME OF CHILD Evelyn Yule McCormick

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	—	yes	8 — 10 — 1912

FATHER		MOTHER	
FULL NAME	Wenrick McCormick	FULL MAIDEN NAME	Jessie E. Yule
RESIDENCE	Boise Idaho	RESIDENCE	Boise, Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that [redacted] breathes nor shows other evidence of life th.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) M. Allen Carraway

P. Physician

(Physician or Midwife)

Address Boise Idaho

Filed Sept. 13, 1912 E. E. Shawhan
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 3 1 1942

Dup 01912-146877

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

864-102-001-864

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 1

File No. 8622

No. Mem Garfield School

Primary Registration District No. 2004

Registered No. 191

Hospital —

FULL NAME OF CHILD James Everet Hauk

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	9 — 2, 1912

FATHER		MOTHER	
FULL NAME	John Hauk	FULL MAIDEN NAME	Ada Hauk
RESIDENCE	S. Boise	RESIDENCE	S. Boise
COLOR	W	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Ohio	BIRTHPLACE	Okla.
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Miller Calloway

Physician

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Sept. 13, 1912 L. E. Shawhan
Registrar

S-Y CO., 16670

DUP OF 1912 - 145785

142-107-001-854

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Baise

Registration District No. 1 File No. 8623

No. 2 2+ Mich St. B.

Primary Registration District No. 2004 Registered No. 192

Hospital

FULL NAME OF CHILD Elmer J Adkins

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	——	——	yes	9- 7 , 191 2

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. W. Adkins	FULL MAIDEN NAME	Allie Flemming
RESIDENCE	S. Baise	RESIDENCE	S. Baise
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Hw.

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Allen Calaway

Physician

(Physician or Midwife)

Address Baise Idaho.

Given names added from a supplemental report

....., 19.....

Filed Sept. 13, 1912 G. E. Shawhan

S-Y CO., 16670 Registrar Registrar

SEP 22 1953

DUP OF 1912 - 144544

231-207-001-362

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

Registration District No. 1 File No. 8624

No. ____ St.

Primary Registration District No. 2002 Registered No. 193

Hospital ____

FULL NAME OF CHILD Eva Stauffacher

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 7 1912

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Sam P. [redacted]auffacher	Ida May Cobb
RESIDENCE	Eagle	Eagle
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	31
BIRTHPLACE		Ada Co. Ida.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 6 40 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O F Bloom
(Physician or midwife)

Address Eagle

Given names added from a supplemental report

....., 19.....

Filed Sept. 13 1912 E. E. Shawhan
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 16 1971

365-207-001-799

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of ____ Registration District No. 1 File No. 8625

No. Wylie Station Primary Registration District No. 2004 Registered No. 194

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.			L.	Sept 7, 1912

FATHER		MOTHER	
FULL NAME	James A Long.	FULL MAIDEN NAME	Florence Grimm
RESIDENCE	Wylie Station	RESIDENCE	Wylie Station
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Pa	BIRTHPLACE	Pa.
OCCUPATION	Machinist	OCCUPATION	H. W.

Number of child of this mother, including present birth 1. Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boick

(Physician ~~or Midwife~~)

Address Boise Ida

Given names added from a supplemental report

____, 19____

Filed Sept. 16, 1912 G. E. Shawhan

____ Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-3-20-11

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

1912 - 299668

DUP OF 1912 - 299668

413-109-001-256

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8626

County of Ada

City of Boise

No. R D 4 St.

Registration District No. 1 File No.

Primary Registration District No. 2004 Registered No. 195

Hospital

FULL NAME OF CHILD Henry Elsworth Dalrymple

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	9 9 1912

FATHER		MOTHER	
FULL NAME	Henry Dalrymple	FULL MAIDEN NAME	Edith Knox
RESIDENCE	Boise Idaho RD 4.	RESIDENCE	R.D 4 Boise Idaho.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Ditch Walker	OCCUPATION	Hse.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Callaway

Physician (Physician or midwife)

Address Boise, Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Sept. 18, 1912 H. E. Shawhan
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup # 1912-146839

633-109-001-689

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-22-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Pleasant View School District. Registration District No. 1 File No. 8627

No. ____, ____ St.

Primary Registration District No. 2002 Registered No. 196

Hospital ____

FULL NAME OF CHILD Sydney Luce Elliott

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Sept. 9, 1912

FATHER		MOTHER	
FULL NAME	Joseph Elliott	FULL MAIDEN NAME	Nettie White
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	AGE AT LAST BIRTHDAY (Years) 47	COLOR White	AGE AT LAST BIRTHDAY (Years) 39
BIRTHPLACE	Wisconsin	BIRTHPLACE	Missouri.
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward J. Binns M.D.

Physician (Physician or Midwife)

Address 708 Donna Bldg. Boise Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept. 23, 1912 G. E. Shawhan Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 15 1942

MAY 31 1957

DEC 8 1959

295-21-001-279

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of —

No. —, *St.*

Hospital —

Registration District No. 1 **File No.** 8628

Primary Registration District No. 2004 **Registered No.** 197

FULL NAME OF CHILD Lola Ro. King

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Aug. 11th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ira A. King	Ada Sprigs
RESIDENCE	Boise Valley (near Perkins)	B. Valley (Perkins)
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Yates Co., N.Y.	Iowa
OCCUPATION	laborer	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive about — at 2 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. P. Haley
(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept. 25 19 12 G. E. Shawhan
Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 1 4 1966

165-179-001-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ada

City of So Boise

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 1 — File No. 8629

Primary Registration District No 2004 — Registered No. 198

FULL NAME OF CHILD Thomas Carlyle Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			YE	9 29 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas D. Jones	Lillia M Jones
RESIDENCE	So Boise	So Boise
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	41	38
BIRTHPLACE	Ohio	Iowa
OCCUPATION	Furniture dealer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred. A. Tillung Jr.

(Physician or Midwife)

Address Talk Bldg

Given names added from a supplemental report

....., 19.....

Filed Sept 30 1912 — G. E. Shawhan

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

K

NOV 13 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 8629

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's occupation	Housewife	Proprietor Dealer
name	none given	Thos. Carlyle Jones

Subscribed and sworn to before me this 12
day of Nov., 19 42.
W. B. Foy
Notary Public, residing at Boise, Ida.
My commission expires 7/14/45
(Seal)

Signed Lillie M Jones
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1219 Warren, Boise Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____.
Notary Public, residing at _____
My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)
(Street Address, City, State)

NOV 1 3 1942
DEC 2 1942

JUN 5 1958

434-329-001-299

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of So Boise

No ____, ____ St.

Hospital ____

Registration District No 1 File No. 8630

Primary Registration District No. 2004 Registered No. 199

FULL NAME OF CHILD Garnet Laurella McMullen

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fe		Yes	9 29 191

FATHER	MOTHER
FULL NAME: Jones McMullen	FULL MAIDEN NAME: Gertrude Kirkwood
RESIDENCE: So Boise	RESIDENCE: So Boise
COLOR: W. AGE AT LAST BIRTHDAY: 30 (Years)	COLOR: W AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Iowa
OCCUPATION: Laborer	OCCUPATION: So Boise

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated., at 2 9 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Tallentyre

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Falk Bldg

Filed Sept 30, 1912 E. E. Shawhan

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
VITAL STATISTICS
APR 12 10 PM '72

State of Oregon
County of Multnomah } ss.

Certificate No. 8630

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed McMullen (Name on Original Certificate) who was born (Was Born or Died) on Sept. 29, 1912 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible, Hospital + School (Bible Record, Insurance Policy, Etc.) prepared on April 21, 1972 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Garnet L. McMullen

Subscribed and sworn to before me this April 1 day of , 1972

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Multnomah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this April day of , 1972

Notary Public, residing at Portland, Ore.

My commission expires 6-20-75

(Seal)

Signed X Gertrude J. Palmer (Sister)
(Signature of Any Credible Person)

X 3715 SE 69th Portland, Ore.
(Street Address, City, State)

FORM DH 60-155 CL 4/14/72 nm

Family Bible record (photo copy not to clear) gives name as Garnet Laurella McMullen, Born Sept. 29, 1912. Viewed by V. S.

MAY 15 1972

Portland Public ASchools xx letter gives xxxxx name as Garnet Laurella McMullen born Sept. 29, 1912 at Boise, Idaho. School year 1922-23. Enrollesd in Marysville School at that time. Viewed by V. S.

319-228-001-154

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of 2½ Mi W. of Boise

No. Boise Subdivision St.

Registration District No. 1

File No. 8631

Primary Registration District No. 2004

Registered No. 200

Hospital

FULL NAME OF CHILD EINES PEGGY LARSEN

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	Sept. 28, 1912

FATHER	MOTHER
FULL NAME: E. C. Larsen	FULL MAIDEN NAME: Anne L. Andersen
RESIDENCE: Boise Subdivision	RESIDENCE: Boise Subdivision
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Colorado	BIRTHPLACE: Denmark
OCCUPATION: Cement Worker	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1st

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed Oct. 1, 1912 E. E. Shawhan

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA }
County of LOS ANGELES } ss.

Certificate No. 8631

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (None - not named) (Name on Original Certificate) who Was born (Was Born or Died) on September 28, 1912 (Date of Event)
in Boise, (Rural), Ada County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on November 1, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Eines Peggy Larsen

Subscribed and sworn to before me this 3rd day of October, 1942.

Signed Anne L. Larsen (Mother)
(Signature of Informant if correcting a birth record; or attendant, funeral director, informant if correcting death or medical certificate)
2114 Nord Street, Willowbrook, California.

Notary Public, residing at Willowbrook, Calif.

My commission expires January 17, 1943. (Seal)

1701 E. 130th St., Willowbrook, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA }
County of LOS ANGELES, } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of October, 1942.

Signed Einer G. Larsen (Father)
(Signature of Any Credible Person Other Than Previous Year)
2114 Nord Street, Willowbrook, California.

Notary Public, residing at 1701 E. 130th Street, Willowbrook, Calif.
(Street Address, City, State)

My commission expires 1-17-43. (Seal)

OCT 1 2 1942

367-203-001-455

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Ada

City of Meridian

No. R # II St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1

File No. 8632

Primary Registration District No. 2003

Registered No. 201

FULL NAME OF CHILD Charlott Coy

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one	1st	Yes	Sept 3, 1912

FATHER		MOTHER	
FULL NAME	Walter C. Coy	FULL MAIDEN NAME	Anna Mae Devore
RESIDENCE	Meridian Idaho R#II	RESIDENCE	Meridian Idaho R# II
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	3
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. H. Neal

(Physician or Midwife)

Address Meridian Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Oct. 2, 1912 G. P. Shawhan
Registrar

S-Y CO., 16670

MAR 6 1974

369-114-001-412

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian — Registration District No. 1 — File No. 8633

No. R # F ..., St. — Primary Registration District No. 2003 — Registered No. 202

Hospital ...

FULL NAME OF CHILD Torrey Theodore Roosevelt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	one	1st	Yes	Sept 14, 191[illegible]

FATHER		MOTHER	
FULL NAME	Oscar V. Torrey	FULL MAIDEN NAME	Eva May Mabee
RESIDENCE	Meridian R # F	RESIDENCE	Meridian Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Mo	BIRTHPLACE	Kans - Chotopa
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth: one

Number of children, of this mother, now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Neal

Physician

(Physician or Midwife)

Address Meridian Ida

Given names added from a supplemental report

..., 19...

Registrar

Filed Oct. 2, 19 12 G. E. Shawhan

Registrar

S-Y CO., 16670

APR 30 1948

433-219-001-296

Amended 1-15-69

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 8634
Local Reg. No. 203
Reg. Dist. No. 1

1. PLACE OF BIRTH

a. COUNTY: Ada or Canyon

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kuna

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: R. 5 miles S. W.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Ada or Canyon

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kuna

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Ethel b. (Middle): Elizabeth c. (Last): McCleneghan

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Sept. 19, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): James b. (Middle): c. (Last): McCleneghan

8. AGE (At time of this birth): 42 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Nebraska

10. USUAL OCCUPATION: Rancher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Libia b. (Middle): J. c. (Last): Brown

13. AGE (At time of this birth): 32 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Ohio

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 6

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. F. Neal

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Meridian, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Oct. 2, 1912

22. REGISTRAR'S SIGNATURE: G. E. Shawhan

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the Registrar where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
AUG 7 1964
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 8634

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Elizibeth McCleneghan (Name on Original Certificate) who was born (Was Born or Died) on Sept. 19, 1912 (Date of Event)
in Kuna, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Elizibeth McCleneghan	Ethel Elizabeth McCleneghan

Subscribed and sworn to before me this 5th day of
July 19 64
Notary Public, residing at Seattle
My commission expires March 2, 1965
(Seal)

Signed Mrs Nelle E Erickson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
4515 12th Ave N Seattle Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash } ss.
County of King }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of
July 1964
Notary Public, residing at Seattle
My commission expires March 2 1965
(Seal)

Signed Marie V. Hudson
(Signature of Any Credible Person)
817-N. 43rd Seattle, Wash
(Street Address, City, State)

FORM DH 60-155

CL 7-15-64. one copy pd. rec. #1011.

Marriage License and Certificate, State of California, married June 5, 1931 at Oakland California gives full name of groom as Harold Emett Toulouse and full name of bride as Ethel Elizabeth McCleneghan - viewed by V.S.

Church Record Statement, by C. W. Thompson, Misister, Riverton United Methodist Church, states" Ethel Elizabeth McCleneghan, Daughter of James McCleneghan and Libbia McCleneghan, was baptized on April 12, 1925 by Reverend E. E. Reisner" - viewed by VS.

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada or Canyon

City of Kuna — Registration District No. 1 — File No. 8634

No. R., 5 miles St. S.W. — Primary Registration District No. 2003 — Registered No. 203

Hospital

FULL NAME OF CHILD Elizabeth M^c Clenaghan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one	7th	yes	Sept 19, 191.2

	FATHER	MOTHER
FULL NAME	James. M^c Clenaghan	FULL MAIDEN NAME Libia J. Brown
RESIDENCE	Kuna R. #	RESIDENCE Kuna R.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years) 32
BIRTHPLACE	Nebr	BIRTHPLACE Ohio
OCCUPATION	Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) W. F. Neal
Physician
(Physician or Midwife)

Address Meridian Ida.

Filed Oct 2, 1912 G. E. Shawhan
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 1 6 1969

132-121-001-318

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian — Registration District No. 1 — File No. 8635

No. 6 E. Pine St. — Primary Registration District No. 2003 — Registered No. 204

Hospital

FULL NAME OF CHILD Arthur Ackelson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one	3rd	Yes	Sept 21, 1912

FATHER	MOTHER
FULL NAME: J. E. Ackelson	FULL MAIDEN NAME: Marguerite Taylor
RESIDENCE: Meridian Idaho	RESIDENCE: Meridian Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Labor	OCCUPATION: Home wife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) I. E. Neal

Physician
(Physician or Midwife)

Address Meridian, Ida.

Filed Oct 2, 19 12 E. C. Shawhan
Registrar

S-Y CO., 16670

122-124-001-[redacted]

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

au of Vital Statistics

IFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. File No. 8636

No. R #1 St.

Primary Registration District No. 2003 Registered No. 205

Hospital

FULL NAME OF CHILD Lloyd Asbury

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	one	4th	yes	Sept. 24, 1912

FATHER	MOTHER
FULL NAME Robert O Asbury	FULL MAIDEN NAME Iza Mae Ray
RESIDENCE Meridian R. #1	RESIDENCE Meridian R #1
COLOR white AGE AT LAST BIRTHDAY 28 (Years)	COLOR white AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Ark	BIRTHPLACE Ark
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.25 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) I. F. Neal

Physician

(Physician or Midwife)

Address Meridian Ida.

Filed Oct. 2, 1912 E. E. Shawhan

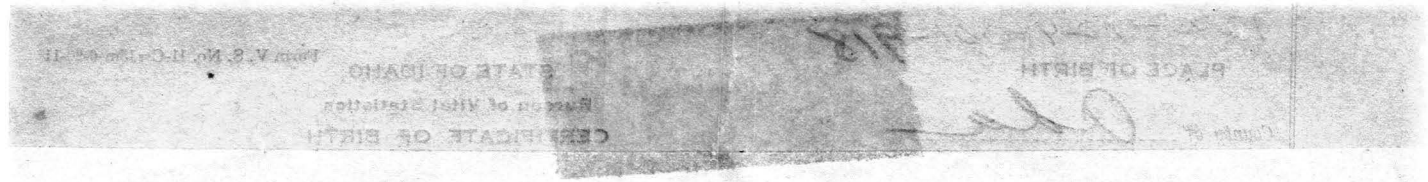
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

~~No. 12-001-917~~

~~PLACE OF BIRTH~~

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of _____ Registration District No. 1 File No. 8637

No. _____, _____ St.

Primary Registration District No. 2004 Registered No. 206

Hospital _____

FULL NAME OF CHILD Frank Carlton Peshak

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Sept 21, 1912

FATHER		MOTHER	
FULL NAME	Elmer I Peshak	FULL MAIDEN NAME	Edith Adel Rapp.
RESIDENCE	Sunnyside	RESIDENCE	Sunnyside
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	H Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or ~~stillborn~~) at 11 00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Hawley

Mtn Home

(Physician or ~~Midwife~~)

Given names added from a supplemental report

_____, 19____

_____ Registrar

Address _____

Filed Oct. 2, 1912 S. E. Shawlan Registrar

S-Y CO., 16670

JAN 16 1942

386-219-001-217

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 1 File No. 8638

No. R# II St.

Primary Registration District No. 2003 Registered No. 207

Hospital MYRTIE

FULL NAME OF CHILD Magdalena Anna Thomason

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One (To be answered only in event of plural births)	4th	Yes	July 19, 1912

FATHER	MOTHER
FULL NAME Wm B. Thomason	FULL MAIDEN NAME Lora E Sanders
RESIDENCE Meridian R# II	RESIDENCE Meridian Idaho R# II
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Ark.	BIRTHPLACE Idaho
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Neal

Physician (Physician or Midwife)

Address Meridian Ida.

Given names added from a supplemental report

....., 19.....

Filed Oct. 5, 1912 G. E. Shawhan

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 8638

Date Filed 1

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Myrtle Anna Thomason (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 19, 1913 (DATE OF EVENT)
in Meridian (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 1918 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Mytie	Myrtie

Subscribed and sworn to before me this 9th
day of February, 1942

L. Pasley Mrs. Emery
Notary Public, residing at Boise, Idaho
My commission expires October 26, 1943
(SEAL)

Signed Mrs Lora E. Thomason
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON)

Meldra, Idaho Route #1
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 9 1942

986 - 214-001-168

PLACE OF BIRTH Amended 7-10-74

Form V. S. No. 11-C—15m-6-20-11

48

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Meridian

City of Ada

Registration District No. 1

File No. 8639

No. ____, ____ St.

Primary Registration District No. 2003

Registered No. 208

Hospital

FULL NAME OF CHILD Mabel Elvira Rhodes

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	—	—	Yes	9 — 14 — 1912

FATHER	MOTHER
FULL NAME Frank Rhodes	FULL MAIDEN NAME Alta Johnson
RESIDENCE 4 Mi N 1 Mi East	RESIDENCE 4 Mi N. 1 Mi East
COLOR White — AGE AT LAST BIRTHDAY 25 (Years)	COLOR White — AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Colorado	BIRTHPLACE Arkansas
OCCUPATION Farm hand	OCCUPATION House Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. E. Dutton

(Physician or Midwife)

Address Meridian

Filed Sep-17 1912 S. E. Dutton Registrar

Oct. 7, 1912. S. E. Dutton

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 7 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 10 11 25 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 8639

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Myrtle Elvira Rhoades (Name on Original Certificate) who was born (Was Born or Died) on Sept. 14, 1912 (Date of Event)
in Ada Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs first name	Myrtle Elvira Rhoades	Mabel Elvira Rhodes
Father's name	Frank Rhoads	Frank Rhodes

Subscribed and sworn to before me this 10th day of
July, 19 74

Florence Kirtright

Notary Public, residing at Bonsall

My commission expires 4-20-78

(Seal)

Signed Geo. D. Terry
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

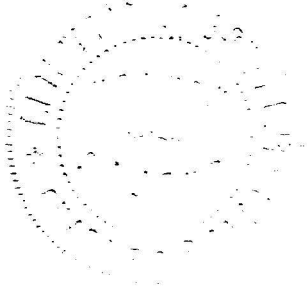
Certificate of birth of child of Mabel gives name as Mabel Elvira Rhodes. Child born ~~May 6, 1929~~ October 22, 1929 in Boise, Idaho. Mother - Mabel Elvira Rhodes
Certificate # 175268.
Viewed by V.S

Certificate of birth of a sister gives name of father as Frank Rhodes. Sister born 1929, Certificate # ~~1557-~~ 266593. May 6, 1929.
Viewed by V.S.

Certificate of death of father gives name as John Franklin who died November 9, 1947 in Boise, Certificate # 155739.
Viewed by V.S.

Family Record gives name of child as Mabel Elvira Rhodes born Sept. 14, 1912 in Meridian, Idaho to Frank Rhodes and Alta Johnson. Family Record obviously old.
Viewed by V.S.

JUL 1 0 1974



2-69-114 001-957

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form P.H. No. 1 (Rev. 1-1-12)

County of Ada

City of Meridian Registration District No. 1 File No. 8640

No. ____, ____ St.

Primary Registration District No. 2003 Registered No. 209

Hospital ____

FULL NAME OF CHILD ~~Not Named~~ Carroll William Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	Sep 14, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William H Smith	Lizzie M. Ingram
RESIDENCE	4½ Mi east	4½ Mi east
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	29
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 20 on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sutton

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Sep-16 1912 C. L. Sutton Registrar

Oct. 7-1912 S. E. Thornton

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. A-11 (Rev. 6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 8640

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on September 14, 1912 (Date of Event)
in Meridian, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Carroll William Smith
name of mother	unnamed	Lizzie M. Ingram

Subscribed and sworn to before me this 16th day of May, 19 61

J. L. McMillan

Notary Public, residing at Boise, Idaho
My commission expires December 31, 1961
(Seal)

Signed Lizzie M. Ingram Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2001 N 10th Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Pedigree Chart entered by mother gives name as Carroll William Smith, Dated February 22, 1950. Viewed by Vs.

Own Childs birth certificate gives name as Carroll William Smith. Dated February 20, 1937. On file in Idaho # 252520.

MAY 16 1961
DEC 30 1970

Another childs birth certificate gives mothers name as Lizzie M. Ingram dated October 18, 1919. On file in Idaho # 73590.

Marriage certificate gives name as Lizzie M. Ingram Dated July 20, 1904. Viewed by Vs.

[redacted] 30-001-194
OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Blaine

City of Canal — Registration District No. 21 — File No. 8641

No. ____, ____ St. — Primary Registration District No. 2023 — Registered No. 166

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or [redacted] (only in event of plural births) — Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	9, 30, 1912

FATHER	MOTHER
FULL NAME: William [redacted]	FULL MAIDEN NAME: Clara Armstrong
RESIDENCE: Canal Ida	RESIDENCE: Canal Ida
COLOR: White — AGE AT LAST BIRTHDAY: [redacted] 30 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Tenn.	BIRTHPLACE: Tenn.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 9-30-1912, at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D B Higgs
Physician
(Physician or Midwife)

Address Caldwell Ida

Filed Sept 30 19 12 R Burnett Leigh
Registrar

Given names added from a supplemental report

____, 19____

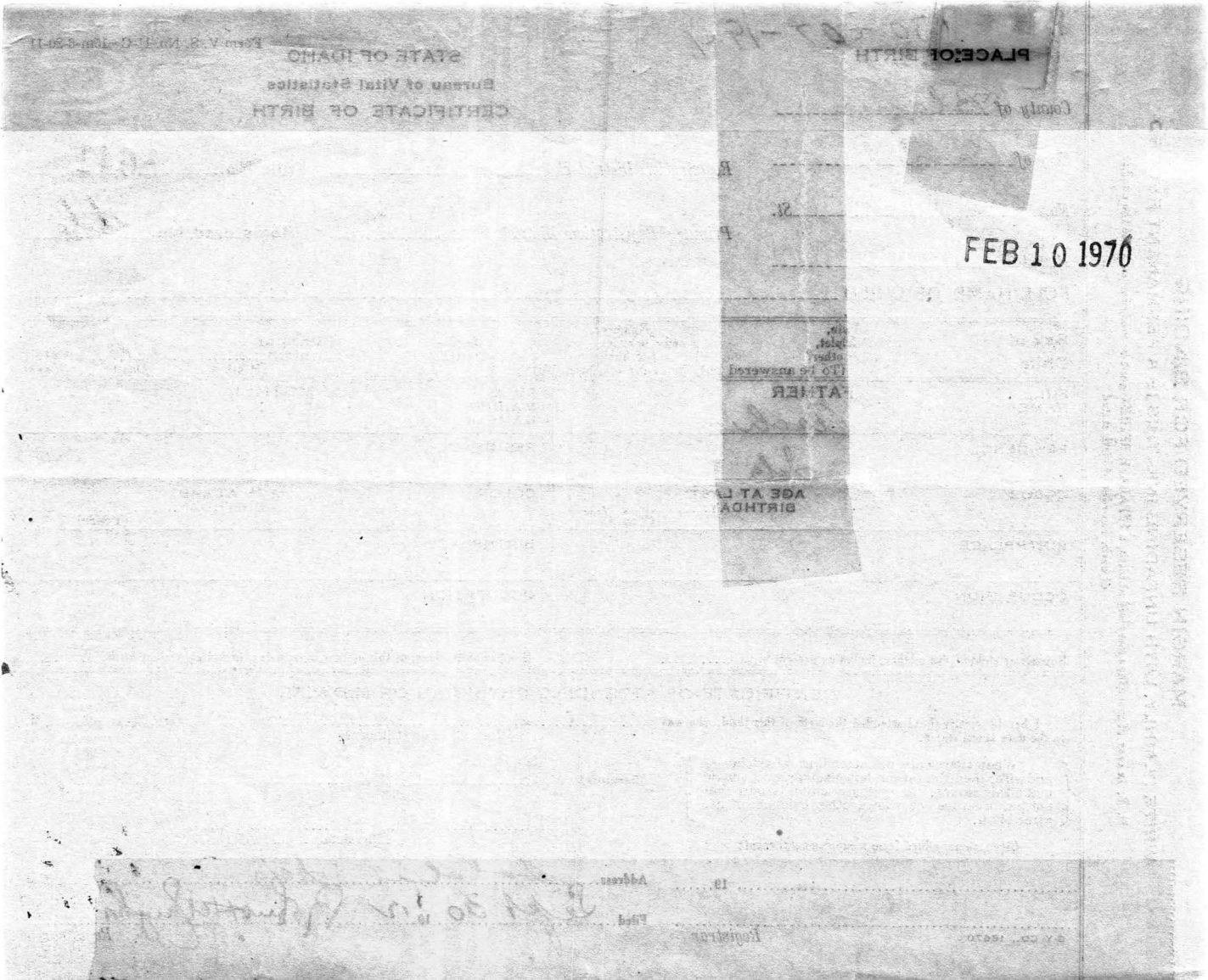
____
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated


FEB 10 1970

751-125-007-213

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Carlton

No. ____, ____ St.

Hospital ____

Registration District No. 21 File No. 8642

Primary Registration District No. 2023 Registered No. 165

FULL NAME OF CHILD Walter Earl Pearson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	9, 25, 1912

FATHER		MOTHER	
FULL NAME	Earl Pearson	FULL MAIDEN NAME	Effie Baldwin
RESIDENCE	Carlton Idaho	RESIDENCE	Carlton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 9-25-1912, at 3 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D.O. Higgs

Physician

(Physician or Midwife)

Address Baldwin Idaho

Given names added from a supplemental report

....., 19.....

Filed 9/30 1912 R. Thorpe Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Clearwater } ss.

Certificate No. 8642

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Pearson (Name on Original Certificate) who was born (Was Born or Died) on September 25, 1912 (Date of Event)
in Crichton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Unnamed Pearson	Walter Earl Pearson

Subscribed and sworn to before me this 7 day of October, 1963

Notary Public, residing at Fairfield Idaho
My commission expires 1/26/1966.
(Seal)

Signed Earl L. Pearson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

Fairfield Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Camas } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of October, 1963

Notary Public, residing at Fairfield Idaho
My commission expires 1/26/1966.
(Seal)

Signed Tom Roberson
(Signature of Any Credible Person)

Fairfield Idaho
(Street Address, City, State)

FORM DH 60-135

Own child's birth certificate, on file Idaho, File #48-7546, gives name of father as Walter Earl Pearson. Child born July 6, 1948. Viewed by V. S.

Marriage Certificateissued by State of California gives name as Walter Earl Pearson Married July 17, 1951 Robert McConachie, Minister performing the ceremony

Viewed by V. S. March 17, 1964

397-224-007-799

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Fairfield

Registration District No. 21 File No. 8643

No. ____, ____ St.

Primary Registration District No. 2023 Registered No. 164

Hospital ____

FULL NAME OF CHILD Ella May Lightfoot

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	9, 24, 1912

FATHER	MOTHER
FULL NAME Henry Lightfoot	FULL MAIDEN NAME Kate Printy
RESIDENCE Fairfield	RESIDENCE Fairfield Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Neb
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 9-24-1912, at 11 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Griggs

Physician

(Physician or Midwife)

Address Fairfield, Ida.

Given names added from a supplemental report

....., 19.....

Filed Sept 30 1912 R Lewis Laughlin

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 30 1942

613-222-0027-253

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

No. ____, ____ St.

Hospital ____

Registration District No. 21

Primary Registration District No. 2023

File No. 8644

Registered No. 163

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept 22, 1912

FATHER	MOTHER
FULL NAME: Dave Watson	FULL MAIDEN NAME: Ethel Keller
RESIDENCE: Soldier	RESIDENCE: Soldier Ada
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Ind	BIRTHPLACE: Kansas
OCCUPATION: Teacher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Sept 22-1912, at 10:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D P Higgs
Physician
(Physician or Midwife)

Address Soldier Ida

Given names added from a supplemental report

....., 19.....

Filed Sept 25 1912 Robert H Creighton
Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

993-103-007-231

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue

No. ____, ____ St.

Hospital ____

Registration District No. 21 File No. 8645

Primary Registration District No. 2022 Registered No. 162

FULL NAME OF CHILD HEBER CHARLES RICH

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept 3, 1912

FATHER	MOTHER
FULL NAME Robert F. Rich	FULL MAIDEN NAME Emily Stanfield
RESIDENCE Bellevue Ida	RESIDENCE Bellevue Ida
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
COLOR White	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or Midwife)

Address Hailey Ida

Given names added from a supplemental report

....., 19.....

Filed Sept 15 1912

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 8645

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Heber Charles Rich (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept. 3, 1912. (DATE OF EVENT)
in Gannett, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Heber Charles Rich

Subscribed and sworn to before me this .....
day of ....., 19 .....

.....
Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed Rhoda Rich Clark (Mrs.)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Blaine }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th
day of April, 19 42
D. W. Walker
Notary Public, residing at Hailey
My commission expires April 18-1943
(SEAL)

Signed Minnie Brooks
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Hailey Ida.
(STREET ADDRESS, CITY, STATE)

Received for filing on APR 30 1942 By .....
(REGISTRAR'S SIGNATURE)

MAY 4 1942

491-113-007-612

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ____ St.

Hospital ____

Registration District No. 21 — File No. 8646

Primary Registration District No. 2022 — Registered No. 161

FULL NAME OF CHILD Antonia Muranga

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Sept 13 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Muranga	Boni Fasia
RESIDENCE	Hailey Idaho	Hailey
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	21
BIRTHPLACE	Spain	Spain
OCCUPATION	Sheepman	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8-a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Raaf M.D.

(Physician or midwife)

Address Hailey Idaho

Filed Sept 30 19 12 R. Smith Leigh Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1912-102940

651 - 205-207-866

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

No. ____ St.

Registration District No. 21 File No. 8647

Primary Registration District No. 2025 Registered No. 160

Hospital ____

FULL NAME OF CHILD Ruth Weaver

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept 6 1912

FATHER		MOTHER	
FULL NAME	Perry Jones Weaver	FULL MAIDEN NAME	Bertha Howard
RESIDENCE	Fishcreek Ida	RESIDENCE	Fishcreek Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Brown Wood Texas	BIRTHPLACE	Skelmersdale Lancashire England
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. B. Howard

Midwife (Physician or midwife)

Address Carey Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 10 19 12 Robert Taylor Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11 C—20m-2-15-12

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

255-222-007-265

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—10m-6-20-11

CERTIFICATE OF BIRTH

County of Blaine

City of Arco

Registration District No. 21

File No. 8648

No. ....., ... St.

Primary Registration District No. 2024

Registered No. 159

Hospital .....

FULL NAME OF CHILD Burnice Irene Bennett

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
F	(To be answered only in event of plural births)		yes	Sept 22 (Month) (Day) 191.2 (Year)

FATHER		MOTHER	
FULL NAME	Chas. Bradford Bennett	FULL MAIDEN NAME	Ada Souder
RESIDENCE	Arco.	RESIDENCE	Arco.
COLOR	W	AGE AT LAST BIRTHDAY (Years)	33
COLOR	W	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... 1 .....

Number of children, of this mother, now living, including present birth ... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D W Matthaei M.D.

Physician

(Physician or Midwife)

Address Arco, Idaho.

Given name added from a supplemental report

..... 19.....

Filed Sept 27 1912 R Scott Leyden

Registrar

..... Registrar

S-Y CO., 18669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 2 1974

SEP 17 1974

693 - 214-007-331

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 21

File No. 8649

Primary Registration District No. 2022

Registered No. 158

FULL NAME OF CHILD Dorothy C. Williams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	Sept 14, 1912

FATHER		MOTHER	
FULL NAME	Elwin E Williams	FULL MAIDEN NAME	Neunda Clark
RESIDENCE	Bellevue	RESIDENCE	Bellevue
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ida.	BIRTHPLACE	Ohio
OCCUPATION	Merchant	OCCUPATION	HW

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~), at 8:30 A. M. on the date above stated.

(Signature) E W Kleinman M D

(Physician or Midwife)

Address Hailey Ida

Filed Sept 16 1912 Robert H Hughes Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 20 8 27 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Blaine

Certificate No. 8649

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Williams (female) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 14, 1912 (Date of Event)
in Bellevue, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance policy, church certificate prepared on April 10, 1949 Sept 10, 1933 (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Dorothy Clara Williams

Subscribed and sworn to before me this 19th day of August, 1976

Notary Public, residing at Twin Falls

My commission expires 10-13-77
(Seal)

Signed Elwin E. Williams
(Signature of parent or attendant if correcting a birth record; of attending funeral director, informant if correcting a death record; or other credible person.)

411 Addison Ave. West Twin Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of August, 1976

Notary Public, residing at Twin Falls

My commission expires 10-13-77
(Seal)

Signed Elwin E. Williams
(Signature of Any Credible Person)

411 Addison Ave. West Twin Falls Idaho
(Street Address, City, State)

FORM DH 60-155 CL 3/18/75 nm

2nd

Inzuracne policy fromNew York Life Ins. Co. gives nameas Dorothy C. Willimas dated Spet 10, 1933. - viewed by /V. S.

FEB 2 1977

Confirmation Certifi from St. Paul's Episcopal, Churhc gives name as Dorothy Williams Furchner. dated Pairl 10, 1949. viewed by V. S.

713-21-007-294

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Moore

Registration District No. 21

File No. 8650

No. ____, ____ St.

Primary Registration District No. 2014

Registered No. 157

Hospital ____

FULL NAME OF CHILD Opal Patton Patton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		second	yes	Sept 12, 1913

FATHER	MOTHER
FULL NAME: William Newman Patton	FULL MAIDEN NAME: Maude Rebecca Kidd
RESIDENCE: Moore Blaine Co. Idaho	RESIDENCE: Moore Blaine Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Rockville Utah	BIRTHPLACE: Manchester Penn.
OCCUPATION: Farmer	OCCUPATION: House Wife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harriet Sopahah Haney

Midwife

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Moore, Blaine Co. Idaho

Filed Sept 16 1913 Robert H Wright

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V.S. No. 11-C-1500-C-30-41

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Ketchum — Registration District No. 21 — File No. 8651

165 - 208-007-133 No. ____ St. — Primary Registration District No. 2022 — Registered No. 156

Hospital ____

FULL NAME OF CHILD Frances Jones

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	—	1	Yes	Sept 8 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Francis J. Jones	Bess Allred
RESIDENCE	Bellevue	Bellevue
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Iowa	Utah
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Allen M.D.
Bellevue
(Physician or midwife)

Given names added from a supplemental report

....., 19.....

..... Registrar

Address .....

Filed Sept 10 1912 Robert H. Leyden Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 5 1970

563-201-007-794

PLACE OF BIRTH

County of Blaine

City of Arco

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 21 File No. 8652

Primary Registration District No. 1024 Registered No. 155

FULL NAME OF CHILD Edrie Gerel Noland

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	X	1	Yes	Sept 1 1912

FATHER		MOTHER	
FULL NAME	Charles Noland	FULL MAIDEN NAME	Gertrude Grusing
RESIDENCE	Arco.	RESIDENCE	Arco.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Kansas.	BIRTHPLACE	Kansas
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4th.

Number of children, of this mother, now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Matthews M.D.

(Physician or Midwife)

Address Arco Idaho

Filed Sept 5 1912 Robert H. Leigh

Registrar

Given name added from a supplemental report

____, 19____

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 12 1958

JAN 16 1973

699 - 214-007-363

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 21

File No. 8653

Primary Registration District No. 7022

Registered No. 154

FULL NAME OF CHILD Evelyn Madge Wright

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept 14, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leslie E. Wright	Maud E. Collins
RESIDENCE	Bellevue Ida	Bellevue Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	18
BIRTHPLACE	Idaho	Missouri
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Robert H. Wright M.D.

(Physician or Midwife)

Address Hailey Ida

Filed Sept 20 1912 Robert H. Leighton

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 11 1912

336- 19-1

PLAC[redacted]

County of [redacted]

City of Chelsea [redacted]

S. No. 11-C—15m-6-20-11

8654

No. ____, ____ St.

Primary Registration District No. 2034 Registered No. 39

Hospital Ethel Alice Baby

FULL NAME OF CHILD Claward.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Sept 1, 1912

	FATHER	MOTHER
FULL NAME	Williams Ross Claward.	Alice Genevieve Everett.
RESIDENCE	Chilly	Chilly
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	23	19
BIRTHPLACE	Utah	Utah.
OCCUPATION	Rancher	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. W. Kelly M. D.
(Physician or Midwife)

Address Chelsea, Ida

Filed 9/8 1912 C. E. Whitley
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

c.c. 6/5/41. w.h.

385-207-019-165

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of Grouse

No. ..... St.

Hospital Res

Registration District No. 14 File No. 8655

Primary Registration District No. 2054 Registered No. 60

FULL NAME OF CHILD ~~Mareen~~ Cherry Mildred Marie

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
F			Yes	Sept. 7th, 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Mark Cherry	FULL MAIDEN NAME: Clara Jones
RESIDENCE: Grouse	RESIDENCE: Grouse
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: North Carolina	BIRTHPLACE: Idaho
OCCUPATION: Forest Ranger	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas Baker

(Physician or Midwife)

Address Mackay Idaho

Given name added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 24th 1912 C. L. Bartley Registrar

S-Y CO., 18669

MARG. RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued 24, 1941. E.W.

314-119-203-349

PLACE OF BIRTH

AMENDED AUGUST 25, 1953

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lago

No. ____ Idaho St.

Registration District No. 11 File No. 8656

Hospital ____ Primary Registration District No. 2048 Registered No. 285

FULL NAME OF CHILD Duane Morris Campbell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy				Yes	Sept. 19, 1912

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: M. B. Campbell	FULL MAIDEN NAME: Amy A. Turner
RESIDENCE: Lago, Idaho	RESIDENCE: Lago, Idaho
COLOR: W	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Lago, Idaho	BIRTHPLACE: Lago, Idaho
OCCUPATION: Farmer	OCCUPATION:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 15 to 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

...., 192....

.....Ellis Kackley.....
Registrar.

(Signature) Mary A. Turner

(Physician or midwife)

Address Lago, Idaho

Filed Oct. 10 1912 Ellis Kackley
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Montana
County of Ravalli } ss.

Certificate No. 8656

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Birt Campbell (Name on Original Certificate) who born (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on May 7, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Birt Cambell	Duane Morris Campbell
Father's name	M. B. Cambell	M. B. Campbell

Subscribed and sworn to before me this 21st day of August, 19 53

Notary Public, residing at COUNTY CLERK AND RECORDER IN AND FOR RAVALLI COUNTY STATE OF MONTANA
My commission expires
(Seal)

Signed M. B. Campbell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 2 Victor, Mont.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana
County of Ravalli } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of Aug. 19 53

Notary Public, residing at
My commission expires COUNTY CLERK AND RECORDER IN AND FOR RAVALLI COUNTY STATE OF MONTANA
(Seal)

Signed Mrs. Jack Silcox
(Signature of Any Credible Person)

Rt #1 Hamilton, Mont.
(Street Address, City, State)

DPH 52.155

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ramsock

City of Lago

No. Idaho St.

Hospital

Registration District No. 11

Primary Registration District No. 2048

File No. 8656

Registered No. 285

FULL NAME OF CHILD Bert Campbell

Sex of Child: Boy

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth: 2 (Month) 19 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: M B Campbell	FULL MAIDEN NAME: Amy A Jones
RESIDENCE: Lago Idaho	RESIDENCE: Lago Idaho
COLOR: W	COLOR: white
AGE AT LAST BIRTHDAY: 26 (Years) 1912	AGE AT LAST BIRTHDAY: 26 (Years) 1912
BIRTHPLACE: Lago Idaho	BIRTHPLACE: Lago Idaho
OCCUPATION: farmer	OCCUPATION:

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 15 to 2 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Jones

(Physician or midwife)

Address Lago Idaho

Given names added from a supplemental report

..... 19.....

Ellis Rockley Registrar

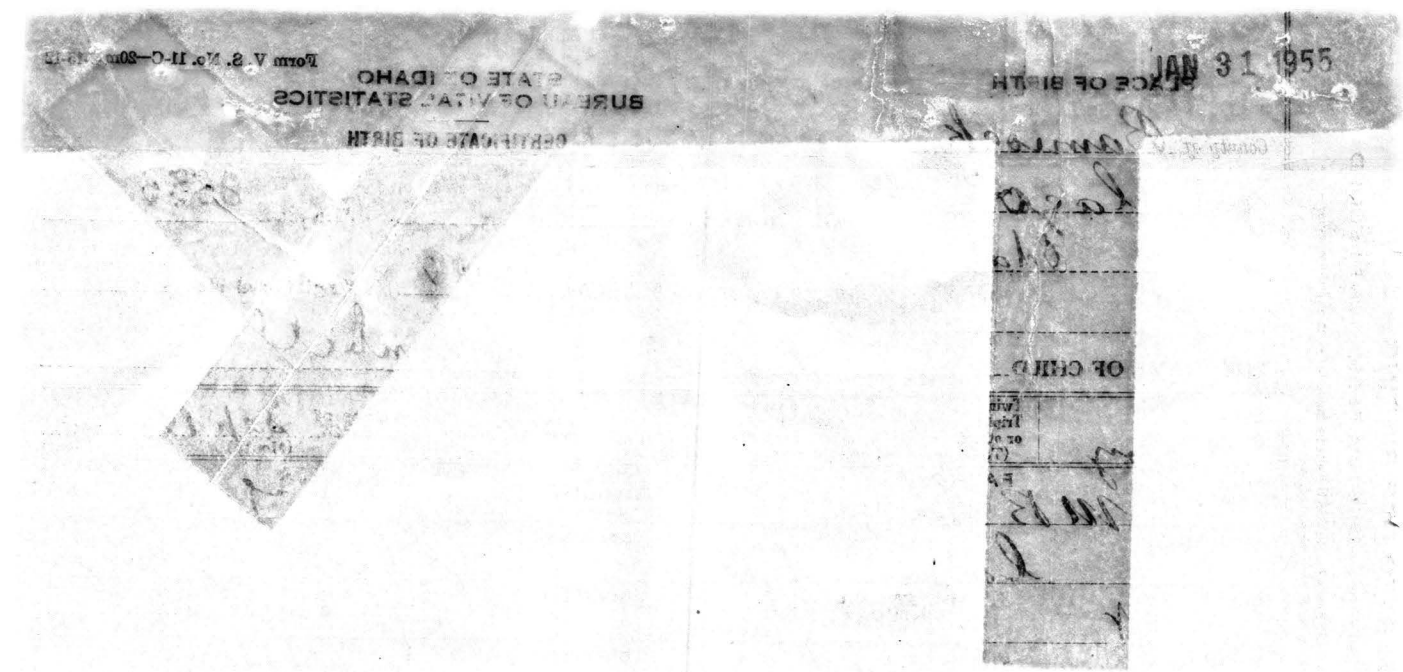
Filed Oct-10 19 12 Ellis Rockley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



141-123-003-381

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-30-12

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Chesterier

Registration District No. 11

File No. 8658

No. ____, ____ St.

Primary Registration District No. 2048

Registered No. 287

Hospital ____

FULL NAME OF CHILD Harvey William Adams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Sept 23 rd, 1912

FATHER	MOTHER
FULL NAME George Gilbert Adams	FULL MAIDEN NAME Myrtle Chadwick
RESIDENCE Turner	RESIDENCE Turner
COLOR W	AGE AT LAST BIRTHDAY 24 (Years)
	COLOR White
BIRTHPLACE Nebraska	BIRTHPLACE Franklin Idaho
OCCUPATION farmer	OCCUPATION house Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) Ellen Egbert

Midwife (Physician or Midwife)

Address Turner Bannock Co Idaho

____, 19____

Ellis Kackley Registrar

S-Y CO., 16670

Filed Oct 10 19 12 Ellis Kackley Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonneville } ss.

Certificate No. 8658

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Harvey William Adams (Name on Original Certificate) who Born (Was Born or Died) on Sept 23 - 1912 (Date of Event)
in Swan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, ~~Insurance Policy~~, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	William Adams	Harvey William Adams
Father's Name	~~George Lesly~~ Adams	George Gilbert Adams
Mother's Name	Myrtle Chadwick	Myrtle Chadwick

Subscribed and sworn to before me this 9th day of January, 1945

Notary Public, residing at Blackfoot

My commission expires April 6 - 1946.
(Seal)

Signed George Gilbert Adams, Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RT Blackfoot Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

FEB 18 1945

997-116-205-381

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Chesterfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 8659

Primary Registration District No. 2048 Registered No. 288

FULL NAME OF CHILD Russel Lealand Rigby

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Sep 16 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Rigby	Rachel Alice Chapman
RESIDENCE	Chesterfield Idaho	Chesterfield Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	34 (Years)	34 (Years)
BIRTHPLACE	Portervill Utah	Kaysville Utah
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Russel Lealand Rigby (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Caston

(Physician or midwife)

Address Bancroft

Given names added from a supplemental report

..... 19.....

Ellis Kackley Registrar

Filed Oct 10 1912 Ellis Kackley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1967

437-130-003-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Perry

No ____, ____ St.

Registration District No 11 File No 8660

Primary Registration District No 2048 Registered No 289

Hospital ____

FULL NAME OF CHILD Lorin Daniel Mc Gregor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	Sept 30, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Daniel Welsh McGregor	Senora Bennett
RESIDENCE	Perry Idaho	Perry
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 22	White / 20
BIRTHPLACE	Salt Lake Utah	Perry Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Landgreen

Midwife (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Ellis Kackley Registrar

Address Treasureton Idaho

Filed Oct 10 1912 Ellis Kackley Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

first name added by aff. submitted in form of Blessing cert. 5-27-41.

219 - 113 - 003 - 355

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

Registration District No. 11 File No. 8661

No. ____, ____ St.

Primary Registration District No. 2048 Registered No. 292

Hospital ____

FULL NAME OF CHILD Oliver Fredrick Barfuss

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Sept 13, 1912

FATHER		MOTHER	
FULL NAME	Fredrick Barfuss	FULL MAIDEN NAME	Anna Lenhardt
RESIDENCE	Bancroft Idaho	RESIDENCE	Bancroft Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Switzland	BIRTHPLACE	Germany
OCCUPATION	farmer	OCCUPATION	

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Oliver Fredrick Barfuss a M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Gatan

(Physician or Midwife)

Given names added from a supplemental report

Address Bancroft

Filed Oct 10, 1912 Ellis Kaney Registrar

..... 19.....

Ellis Kaney Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 16 2007

DECEASED

572-108-003-793

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Thacher

Registration District No. 11 File No. 8662

No. ____, ____ St.

Primary Registration District No. 2048 Registered No. 222

Hospital ____

FULL NAME OF CHILD Robert Laurence Egbert

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept 8th, 1912

FATHER	MOTHER
FULL NAME: John James Egbert	FULL MAIDEN NAME: Zora May Packer
RESIDENCE: Thacher	RESIDENCE: Thacher
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Lewiston Cache Co Utah	BIRTHPLACE: Indeana
OCCUPATION: farmer	OCCUPATION: house Wife

Number of child of this mother, including present birth: 6

Number of children, of this mother, now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 11 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen Egbert

Midwife (Physician or Midwife)

Address Thurmer Bannock Co. Idaho

Given names added from a supplemental report

____, 19____

Ellis Kaercy Registrar

S-Y CO., 16670

Filed Oct 19, 1912 Ellis Kaercy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. II-C—Rev. 1-57-II

PLACE OF BIRTH

(Name of)

FATHER

FULL NAME

RESIDENCE

MAIDEN NAME

RESIDENCE

BIRTHDAY

BIRTHDAY

(Year)

FOR

INK—THIS

STATE REGISTRAR

(Physician or Midwife)

19

Filed

Registered

249-223-005-212

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lago Idaho — Registration District No. 11 — File No. 8663

No. ____ St. — Primary Registration District No. 2048 — Registered No. 266

Hospital ____

FULL NAME OF CHILD Eva Smith

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			yes	Aug 23 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William E Smith	marteenie Barmeson
RESIDENCE	Lago Idaho	Lago Idaho
COLOR		white
AGE AT LAST BIRTHDAY (Years)	19 1912	19 1912
BIRTHPLACE	Utah ~~Lago~~ Idaho	Lago Idaho
OCCUPATION	macanic	Wife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Turner M.D.
(~~Physician~~ or midwife)

Address Lago Idaho

Given names added from a supplemental report

____ 19____
Ellis Kaerley
Registrar

Filed Oct 10, 1912 Ellis Kaerley
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 17 1973

DC ID 2012-3057

689-226-003-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 8664

Primary Registration District No. 2048 Registered No. 267

FULL NAME OF CHILD Mary Frances Whitworth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		3rd	yes	Aug 26 1912

FATHER	MOTHER
FULL NAME Frank Whitworth	FULL MAIDEN NAME Jennie Steley
RESIDENCE Bancroft Ida	RESIDENCE Bancroft
COLOR W AGE AT LAST BIRTHDAY 32 (Years)	COLOR W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Utah	BIRTHPLACE Penn
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth three

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 7 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Casey Registrar

(Signature) S. S. Fuller M.D.

(Physician or midwife)

Address Soda Springs Idaho

Filed Oct 10 1912 Ellis Casey Registrar

8-Y CO. 20174

4/4/41 L. B.

522-22-6-003-915

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

Registration District No. 11 File No. 8665

No. ____, ____ St.

Primary Registration District No. 2048 Registered No. 268

Hospital ____

FULL NAME OF CHILD Zelda Eskelsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Sept 26, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leonard Wells Eskelsen	Etta Bansem
RESIDENCE	Cleveland	Cleveland
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	18
BIRTHPLACE	Richmond Utah	Cleveland
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:55 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Landgreen

Mid wife

(Physician or Midwife)

Address Treasureton Idaho

Given names added from a supplemental report

....., 19....

Ellis Kanley

Registrar

Filed Oct 10, 1912

Ellis Kanley

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

APR 4 1942

437-222-003-349

PLACE OF BIRTH

Amended 11/20/67

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Perry

Registration District No. 11 File No. 8666

No. ____, ____ St.

Primary Registration District No. 2048 Registered No. 269

Hospital ____

FULL NAME OF CHILD Harriett Mc Gregor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl				yes	Sept 22, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Davis McGregor	Ruth Curtis
RESIDENCE	Perry	Perry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	29
BIRTHPLACE	Perry	Springville Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Longgreen

Midwife (Physician or Midwife)

Address Treasureton, Idaho

Given names added from a supplemental report

..... 19....

Ellis Kasey Registrar

Filed Oct 19, 1912 Ellis Kasey Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 22 1978

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 5 10 15 AM '78

State of ..... } ss.
County of ..... }

Certificate No. 8666

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Harriet McGregory (Name on Original Certificate) who was born (Was Born or Died) on September 22, 1912 (Date of Event)
in Perry (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Harriet McGregory	Harriett McGregor

Subscribed and sworn to before me this 21 day of
Aug, 19 78

Notary Public, residing at San Diego
My commission expires March 25, 1979
(Seal)

Signed Harriett Mc Gregor
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

3817 Jennings St San Diego Ca 92106
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CA
County of San Diego } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of
Aug, 19 78

Notary Public, residing at San Diego CA
My commission expires 8/9/80
(Seal)

Signed Ethel T. Yamamoto
(Signature of Any Credible Person)

4976 Newport Ave
(Street Address, City, State)
San Diego, CA 92107

FORM DH 60-155 per phone call 8/22/78 gml

Newspaper article dated in 1931 from the Idaho Farmer gives name as Harriett McGragor. viewe d by V. S.

Certif of Proficiency from the Underwood Typewriter Co. gives nameas Harriett McGragor. dated March 6, 1930. viewed by V. S.

5-95-119-003866

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

No. ____, ____ St.

Registration District No. 11 — File No. 8667

Primary Registration District No. 2048 — Registered No. 270

Hospital ____

FULL NAME OF CHILD Everett George Nielsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	Sept. 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Peter Nielsen	Rachel Hoopes
RESIDENCE	Cleveland	Cleveland
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	25
BIRTHPLACE	Cleveland	Riverdale Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7:35 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Landgreen

Mid-wife (Physician or Midwife)

Address Treasureton Idaho

Given names added from a supplemental report

____, 19____

Elis Kasly Registrar

Filed Aug. 19, 1912 Elis Kasly Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Certified Copy issued Nov. 29, 1940. E.W.

MAY 23 1956

951-214-003-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Treasureton

No ____, ____ St.

Hospital ____

Registration District No. 11 — File No. 8668

Primary Registration District No. 2048 — Registered No. 271

FULL NAME OF CHILD Jennie Johnson Reader

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	Aug. 14, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Reader	Emilie Johnson
RESIDENCE	Treasureton	Treasureton
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	20
BIRTHPLACE	Welshville	Treasureton
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7.40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louisa P. Austin

Midwife (Physician or Midwife)

Address Treasureton Idaho

Given names added from a supplemental report

....., 19....

Ellis Kaucly Registrar

Filed Oct 16, 1912 Ellis Kaucly Registrar

SYMS - YORK CO., PTRS. & BORS 17326

Form V. S. No. 11-C—10m-8-7-11

365-214-003-169

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

Registration District No. 14 File No. 8669

No. ____, ____ St.

Primary Registration District No. 2048 Registered No. 272

Hospital ____

FULL NAME OF CHILD Pearl Mary Ann Covert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl				Yes	Sept. 14, 1912

FATHER		MOTHER	
FULL NAME	John William Covert	FULL MAIDEN NAME	Charlotte Jorgensen
RESIDENCE	Cleveland	RESIDENCE	Cleveland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Butlerville, Ind.	BIRTHPLACE	Cleveland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7.35 P.M. on the date above stated.

*When there was no attending phygician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

Ellis Kanley Registrar

(Signature) Mary Landgreen

Mid-wife

(Physician or Midwife)

Address Treasureton, Idaho

Filed Oct 8 1912 Ellis Kanley Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

766-122-003-363

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Chesterfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 8670

Primary Registration District No. 2048 Registered No. 27F

FULL NAME OF CHILD Harold Gooch

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Sept 22 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Boyd Melvin Gooch	Sarah Serina Edwards
RESIDENCE	Chesterfield	Chesterfield
COLOR	White	White
AGE AT LAST BIRTHDAY	26 (Years)	25 (Years)
BIRTHPLACE	Richmond Utah	Bountiful
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Harold Gooch, at 2 P. M. on the date above stated.

(Born alive [illegible])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kaney
Registrar

(Signature) Alice Astor

Medical

(Physician or midwife)

Address Bancroft Ida

Filed Feb 19, 1913 Ellis Kaney
Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

168-117-003-367

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Alexander

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 11 File No. 8671

Primary Registration District No. 2048 Registered No. 278

FULL NAME OF CHILD Thorgor Loral Johnson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				17 Sept 12

FATHER		MOTHER	
FULL NAME	Thorgor Johnson	FULL MAIDEN NAME	Lucy amelia Cole
RESIDENCE	Way Idaho	RESIDENCE	Way Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Iceland	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	26
		BIRTHPLACE	Morgan Utah
		OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Thorgor Loral Johnson (Born alive or stillborn) alive, at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Carlson

Midwife

(Physician or midwife)

Address Bancroft Idaho

Given names added from a supplemental report

....., 19.....

Ellis Kanly

Registrar

Filed Oct 10 19 12

Ellis Kanly

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 28 1948

JAN 5 1960

766 - 213 - 003 - 915

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

No _____, _____ St.

Hospital _____

Registration District No. 19 File No. 8672

Primary Registration District No. 2048 Registered No. 274

FULL NAME OF CHILD Lavina Olive Goff

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl				yes	Aug. 13 1912

FATHER	MOTHER
FULL NAME: Charles Irvin Goff	FULL MAIDEN NAME: Myrtle Ransom
RESIDENCE: Cleveland	RESIDENCE: Cleveland
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Hepner Morrow Co Oregon	BIRTHPLACE: Pima Graham Co Arizona
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 5

Number of children, of this mother, now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Landgreen

Midwife (Physician or Midwife)

Address Treasureton Idaho

Given names added from a supplemental report

_____, 19____

Ellis Kaney Registrar

Filed Feb 10 19 12 Ellis Kaney Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUL 1 1951

915 - 238-003-365

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

Registration District No. 10 File No. 8673

No. ____, ____ St.

Primary Registration District No. 2048 Registered No. 273

Hospital ____

FULL NAME OF CHILD Bessie Ransom

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	Aug 28, 1912

FATHER		MOTHER	
FULL NAME	Hyrum Ames Ransom	FULL MAIDEN NAME	Lottie Covert
RESIDENCE	Cleveland	RESIDENCE	Cleveland
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Cleveland	BIRTHPLACE	Butlerville Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Landgreen

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Treasureton Idaho

Filed Oct 19, 1912

Ellis Kaicley Registrar

Ellis Kaicley Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

666 - 203-003 - 194

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Robin

No. ..... St.

Registration District No. 11 File No. 8674

Primary Registration District No. 2046 Registered No. 281

Hospital .....

FULL NAME OF CHILD Ethel Woolverton

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		3	Yes	Aug 3 1912

FATHER		MOTHER	
FULL NAME	Eli Woolverton	FULL MAIDEN NAME	Ruby Aimes
RESIDENCE	Robin	RESIDENCE	Robins
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Robin	BIRTHPLACE	Dayton, Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

J. C. Arnut Registrar

(Signature) Anna B. Jensen
Midwife
(Physician or midwife)

Address Marsh Center, Idaho

Filed Oct 19, 1912 Ellis Kasely Registrar

E-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

855-208-003-914

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Robin

Registration District No. 11 File No. 8675

No. St.

Primary Registration District No. 2046 Registered No. 282

Hospital

FULL NAME OF CHILD Rula K. Henderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		6	yes	Sept 8 1912

FATHER		MOTHER	
FULL NAME	Theodor Henderson	FULL MAIDEN NAME	Laura Ramral
RESIDENCE	Robin	RESIDENCE	Ruben
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Robin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna B Jensen

midwife (Physician or midwife)

Address Marsh Center

Given names added from a supplemental report

.....19.....

Ellis Casey
J C Crist Registrar

Filed Oct 10, 1912 Ellis Casey Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 24 1944

386 - 203 - 003 - 492

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Hawkins

No. ____ St.

Hospital ____

Registration District No. 11 File No. 8676

Primary Registration District No. 2046 Registered No. 283

FULL NAME OF CHILD Christine Lyons

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		3	yes	Aug 3 1912

FATHER		MOTHER	
FULL NAME	Albert R Lyons	FULL MAIDEN NAME	Ida Ann Dispaino
RESIDENCE	Hawkins	RESIDENCE	Hawkins
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Clarckston Utah	BIRTHPLACE	Oakley Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 — M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna B. Jensen
Midwife
(Physician or midwife)

Address Marsh Center

Given names added from a supplemental report

____ 19____

J. C. Annis
Registrar

Filed Aug 19 19 12 Ellis Casey
Registrar

B-Y CO. 20174

Form V. S. No. 11-C—20m-2-16-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

279-262-663-64

PLACE OF BIRTH

County of Bannock

City of Marsh Center

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 8677

Primary Registration District No. 2046 Registered No. 884

FULL NAME OF CHILD Junius Wright Bailey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Girl			First	yes	Sept 2 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Alfred Bailey	FULL MAIDEN NAME	Effette Wright
RESIDENCE	Marsh Center	RESIDENCE	Marsh Center
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Plain City Utah
OCCUPATION	Farmer	OCCUPATION	Farmer's wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah Parmel

Marsh Center (Physician or midwife)

Address Hawkins

Given names added from a supplemental report

..... 19.....

J. C. Crouch Registrar

Filed Oct 10, 1912 Ellis Hayes Registrar

BY CO. 20174

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—2m-3-15-12

318-121-003-392

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Robin

No. ..... St.

Hospital .....

Registration District No. 11 File No. 8678

Primary Registration District No. 2046 Registered No. 20265

FULL NAME OF CHILD John Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Sept. (Month) 21st (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Phillip Taylor	FULL MAIDEN NAME	Amy Delinda Lish
RESIDENCE	Robin Idaho	RESIDENCE	Robin Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Fairview Idaho	BIRTHPLACE	Honeyville Utah
OCCUPATION	Laborer	OCCUPATION	Laborers Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Sept 21st, at 4 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

J. C. Cement
S-Y CO. 20174 Registrar

(Signature) Mrs W W Lewis

Midwife
(Physician or midwife)

Address McCammon Bannock Idaho

Filed Oct 10, 1912 Ellis Carey
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

713 - 209 - 003 - 613

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Marsh Center — Registration District No. 11 — File No. 8679

No. ____ St. — Primary Registration District No. 2046 — Registered No. 291

Hospital ____

FULL NAME OF CHILD Josie Packer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		1	Yes	Sept 9 1912

FATHER		MOTHER	
FULL NAME	Josia G. Packer	FULL MAIDEN NAME	Elvase Wallace
RESIDENCE	Marsh Center	RESIDENCE	Marsh Center Kentuckey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Franklin Idaho	BIRTHPLACE	Kentuckey
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna B. Jensen
Midwife
(Physician or midwife)

Address Marsh Center

Given names added from a supplemental report

____ 19____

J. E. Arnot
Registrar

Filed Oct 10 1912 Ellis Hackley
Registrar

S-Y CO. 20774

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 27 1967

696-128-003-864

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Hawkins

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 — File No. 8680

Primary Registration District No. 2646 — Registered No. 290 249

FULL NAME OF CHILD Louis Fromel

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Boy		1st	Yes	July 28 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ernest Fromel	Elsa Horn
RESIDENCE	Hawkins	Hawkins
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	25
BIRTHPLACE	Germany	Germany
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... J. C. Bennett Registrar

(Signature) Anna B. Jensen

Midwife (Physician or midwife)

Address Anna B. Jensen Robins

Filed Oct 10 1912 Ellis Hackley Registrar

S-Y CO. 2017

Form V. S. No. 11 C—2mm-2-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

219-104-003-795.

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Amended 5/23/75

8681

County of Bannock

City of Dempsey

Registration District No. 11

File No.

No. ____, ____ St.

Primary Registration District No. 2047

Registered No. 294

Hospital

FULL NAME OF CHILD Erven Green Bair

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	Aug 4, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Gerald Bair	Sara Green
RESIDENCE	Dempsey Idaho	Dempsey Idaho
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	18	16
BIRTHPLACE	Utah	Idaho
OCCUPATION	Laborer	Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anny L Towne

Midwife (Physician or Midwife)

Address Dempsey Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kaseg Registrar

Filed Oct 10, 1912 Ellis Kaseg Registrar

S.V. CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 11 1972

8-14-73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED VITAL STATISTICS JAN 24 9:27 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... JAN 24 }

Certificate No. 8681

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Owen Green Bear (Name on Original Certificate) who was born (Was Born or Died) on Aug 17, 1912 (Date of Event)

in Dempsey (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Owen Green Bear	Erven Green Bair
Father's name	Gerald Bear	Gerald Bair
Date of birth	Aug. 17, 1912	Aug. 4, 1912

Subscribed and sworn to before me this 14th day of August, 19 74

Florence Curtright

Notary Public, residing at Boise

My commission expires 4-28-74

(Seal)

Signed Erven Green Bair

Sola A. Bair

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of November, 19 73

Margaret L. Cox

Notary Public residing at Orem, Utah

My commission expires Jan. 7, 1977

(Seal)

Signed Ann Green Lamar

(Signature of Any Credible Person)

18020 S.E. Addie St. Milwaukie, Ore. 97222

(Street Address, City, State)

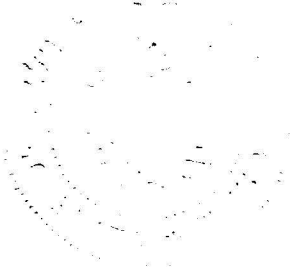
FORM DH 60-155

no Curses LC

Certif. of Baptism and Confirmationfrom the LDS Church gives name as Erven Green Bair son of Gerald Bair and Sarah E. Green. Born Aug. 4, 1912 at Lava Hot Springs, Idaho. Was Baptized Sept. 4, 1920. viewed by VV.S.

MAY 2 2 1975

Membership record to the LDS Church gives name as Erven Green Bair x born Aug. 4, 1912.at Lava Hot Springs, Idaho. father's name given as Gerald Raphael Bair and mother's name as Sarah E. Green. Blessed Aug. 13, 1912. viewed by V. S.



249-201-003 155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Grimo

No ____, ____ St.

Registration District No 11 File No. 8682

Primary Registration District No. 2047 Registered No. 280

Hospital ____

FULL NAME OF CHILD Adelia Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Oct 1st 1912

FATHER	MOTHER
FULL NAME: Thomas Charles Smith	FULL MAIDEN NAME: Olive Elizabeth Jenkins
RESIDENCE: Grimo	RESIDENCE: Grimo
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Wife

Number of child of this mother, including present birth: Six

Number of children, of this mother, now living, including present birth: Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

Ellis Kaney Registrar

(Signature) Nancy E. Marley

(Physician or Midwife)

Address Rexburg 2 R

Filed Oct 19, 1912 Ellis Kaney Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

JUL 5 1967

JUN 22 1955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

813-210
003-356

Amended 5/23/75

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 8683
Local Reg. No.
Reg. Dist. No. 11

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Bannock	a. STATE: Idaho b. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: McCammon	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: McCammon
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Elsie	Laprele	Hall

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
female	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Sept. 10, 1912

FATHER OF CHILD

7. FULL NAME	a. (First)	b. (Middle)	c. (Last)
	Warren	Leroy	Hall

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
31 YEARS	Portage, Utah	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)
	Clara	Elmira	Lewis

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
25 YEARS	Albin, Idaho	4		

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Mrs. W. W. Lewis

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: McCammon, Idaho

20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.: Oct. 10, 1912

22. REGISTRAR'S SIGNATURE: Ellis Kackley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 1 2 17 PM '75

State of .....
County of ..... } ss.

Certificate No. 8683

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Margaret Hall (Name on Original Certificate) who was born (Was Born or Died) on Sept. 10, 1912 (Date of Event)
in McCammon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Margaret Hall	Elsie LePrele Hall

Subscribed and sworn to before me this 26 day of
APRIL, 19 75
Notary Public, residing at LOGAN, UTAH
My commission expires AUGUST 30, 1976
(Seal)

Signed X Clara L Hall
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
McCAMMON, IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 4/21/75 lcc pd.

Certif. of Baptism and Confirmation from the LD Church gives name as Elsie Laprele Hall daughter of Warren L. Hall and Clara E. Lewis. Born Sept. 10, 1912 at McCammon, Idaho. Was Baptized Aug. 6, 1921. viewed by V. S.

Family record by mother gives child's name as Elsie Laprele Hall born Sept. 10, 1912. Blessed Sept. 18, 1912. viewed by V. S.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of McCammon

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 11 File No. 8683

Primary Registration District No. 2047 Registered No. 277

FULL NAME OF CHILD Margaret Hall

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 10th 1912

FATHER		MOTHER	
FULL NAME	Warren Leroy Hall	FULL MAIDEN NAME	Clara Elmina Lewis
RESIDENCE	McCammon	RESIDENCE	McCammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Portage Utah	BIRTHPLACE	Albion Idaho
OCCUPATION	Farmer	OCCUPATION	Farmers Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. Sept 10th, at 10 o'clock P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs W W Lewis

Midwife (Physician or midwife)

Address McCammon Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kaercy Registrar

Filed Oct 10, 1912 Ellis Kaercy Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-20m-3-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MAY 2 2 1975

643-123-003-742

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Dempsey — Registration District No. 11 — File No. 8684

No. ____, ____ St. — Primary Registration District No. 2047 — Registered No. 276

Hospital ____

FULL NAME OF CHILD Weldon Jerome Fulmer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month, Day, Year)
Boy			Yes	Aug 23, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Fulmer	Lydia Gustave Anderson
RESIDENCE	Dempsey Idaho	Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	25
BIRTHPLACE	Idaho	Utah
OCCUPATION	Merchant	Brother's Wife

Number of child of this mother, including present birth 4 — Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Amy L. Toone

Midwife (Physician or Midwife)

Address Dempsey Idaho

Given names added from a supplemental report

____, 19____

Ellis Kasey Registrar

Filed Sept 10 1912 Ellis Kasey Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

168-101-003-133

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Dempsey

Registration District No. 11 File No. 8685

No. ____, ____ St.

Primary Registration District No. 2047 Registered No. 275

Hospital ____

FULL NAME OF CHILD Owen William Johns

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	July 1, 1912

FATHER

FULL NAME	Emerce Johns
RESIDENCE	Lava Ida
COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah
OCCUPATION	Farmer

MOTHER

FULL MAIDEN NAME	Lucy Alldos
RESIDENCE	Lava Ida
COLOR	white
AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah
OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) at 10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Margret Alldos

Mother of Lucy Johns

(Physician or Midwife)

Address Dempsey Ida

Given names added from a supplemental report

____, 19____

Ellis Kaney Registrar

Filed Oct 10, 1912 Ellis Kaney Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 20 1942

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. [redacted]

County of Elmore

City of Mtn Home — Registration District No. 20 — File No. 8686

693 - 229 - 020 - 253
No. ____, ____ St.

Primary Registration District No. 2020 — Registered No. 49

Hospital [redacted]

FULL NAME OF CHILD [redacted] Mary Louise Williams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	Sept 29th, 1912

FATHER		MOTHER	
FULL NAME	Frank J. Williams	FULL MAIDEN NAME	Clara La Vere Bell
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Minn.	BIRTHPLACE	Idaho
OCCUPATION	Hotel Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth: one

Number of children, of this mother, now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11-45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather, physician (Physician or Midwife)

Address Mountain Home

Filed Oct 10 1912 W. L. Trayer, Registrar

Given names added from a supplemental report

....., 19.....

....., Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

8-4-41

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 5 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D.No. Mountain Home Hotel
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 22 years month days

2. USUAL RESIDENCE of MOTHER (At time of this Birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 35 yrs.
(f) Mother's mailing address Wilmington, Cal.

3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD Mary Louise Williams

5. Date of Birth (Month, day year) Sept. 29, 1912

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank John Williams
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace St. Paul, Minn. (City or town) (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business Hotel business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara La Vere Bell
17. Color or Race White
18. Age at time of THIS birth 22 yrs
19. Birthplace Mountain Home, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 5 1941 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Clara La Vere Bell Williams, being first duly sworn, say that I am the mother (Related to (or) acquainted with)
Mary Louise Williams Geyer (Name of person on certificate above) as daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Mather. (Name of attendant at birth), who attended said birth is now deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

JUL 17 1974

x Clara La Vere Bell Williams (Signature)
10 H Lagoon Wilmington (Address)

Subscribed and sworn to before me on this 2nd day of July, 1941

(SEAL)

Notary Public, residing at 511 W. [illegible] Wilmington Calif.

My Commission Expires March 31st 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date,~~ such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

STATE OF IDAHO

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Glenns Ferry Registration District No. 25 File No. 8687

No. ____, ____ St.

Primary Registration District No. 2021 Registered No. 67

Hospital ____

FULL NAME OF CHILD William Victor Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	4	yes	Sept. 9th, 1912

FATHER	MOTHER
FULL NAME: William Davis	FULL MAIDEN NAME: Viva Stringham
RESIDENCE: Glenns Ferry	RESIDENCE: Glenns Ferry
COLOR: White	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: America	COLOR: White
OCCUPATION: Conductor O.S.L. R.R.	AGE AT LAST BIRTHDAY: 30 (Years)
	BIRTHPLACE: America
	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Sept. 9th 1912, at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M.D.

Physician (Physician or Midwife)

Address Glenns Ferry Idaho

Filed Sept. 9th 1912 J. W. Davis Registrar

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

Oct 3, 1912, W.L.T. registered

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 1 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Custer

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

City of Glenn's Ferry

113-203-020-113

No. ____, ____ St.

Registration District No. 20

File No. 8688

Primary Registration District No. 2021

Registered No. 66

Hospital ____

FULL NAME OF CHILD Ranetta Jacobson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	1	yes	Sept. 3d, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Herman Jacobson	Pearl Jacobson
RESIDENCE	Glenn's Ferry	Glenn's Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	26
BIRTHPLACE	America	America
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Sept. 3d 1912, at 10:30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M.D.

Physician
(Physician or Midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept. 3d 1912 J. W. Davis
Registrar

S-Y CO., 16670

Registrar

Oct 3. 1912, W. L. Fraser

PLACE OF BIRTH

STATE OF IDAHO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Elmore

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

City of Glenns Ferry

165-116-020-243

No. ____, ____ St.

Registration District No. 20

File No. 8689

Primary Registration District No. 2021

Registered No. 65

Hospital ____

FULL NAME OF CHILD Clifford Hamilton Jones

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	1	yes	Sept. 16th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John H. Jones	Rosa Butler
RESIDENCE	Glenns Ferry.	Glenns Ferry.
COLOR	White	White
AGE AT LAST BIRTHDAY	27 (Years)	26 (Years)
BIRTHPLACE	America	America
OCCUPATION	Fireman O. S. L. R.R.	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Sept. 16th 1912, at 7:15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician

(Physician or Midwife)

Address Glenns Ferry Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept. 16th 1912 J. W. Davis

Registrar

Oct 3, 1912 W L Frazier

Registrar

S-Y CO., 16670

Form V. S. No. 11-C—15m-8-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of _____

MAY 23 1974

Nov. 16, 1940 L.B.

Form. V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Elmore

City of Mt Home

418-130-020-299

No. ____, ____ St.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 d

File No. 8690

Primary Registration District No. 2 d 2 d

Registered No. 64

Hospital ____

FULL NAME OF CHILD Not Named Maloney

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Sept 30, 1912

FATHER	MOTHER
FULL NAME B. Ezekiel Maloney	FULL MAIDEN NAME Ada L. Brimhall
RESIDENCE Mtn Home	RESIDENCE Mtn Home
COLOR W.	AGE AT LAST BIRTHDAY 50 (Years)
	COLOR W
	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Arizona
OCCUPATION Restaurant	OCCUPATION Wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) at 1 00 A M. on the date above stated.

(Signature) F. S. Hawley

(Physician or ~~Midwife~~)

Address Mt Home

Filed Oct 5 1912 W. L. Frazier Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—Jan-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

996-129-020-851

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

County of Elmore

CERTIFICATE OF BIRTH

City of Mt Home — Registration District No. 20 — File No. 8691

No. ____, ____ St. — Primary Registration District No. 2020 — Registered No. 63

Hospital ____

FULL NAME OF CHILD Oscar Irwin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Aug. 29th, 191.2

FATHER		MOTHER	
FULL NAME	Alvin M. Irwin	FULL MAIDEN NAME	Emma Heard
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Texas	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B.W. Mathes

Physician (Physician or Midwife)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Sept 16 1912 W.S. Trayis
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 15 1954

292-14-020-681

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mt Home

Registration District No. 20

File No. 8692

No. ....., ... St.

Primary Registration District No. 2020

Registered No. 62

Hospital .....

FULL NAME OF CHILD John W Bisby

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Sept 14, 191[illegible]

FATHER		MOTHER	
FULL NAME	Chas A Bisby	FULL MAIDEN NAME	Myrtle A Wyatt
RESIDENCE	Mtn Home	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	U.S.A.	BIRTHPLACE	U S A
OCCUPATION	Electrical Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 45 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W L Frazier

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Mt Home

Filed Sept 30 1912 W L Frazier

Registrar

Registrar

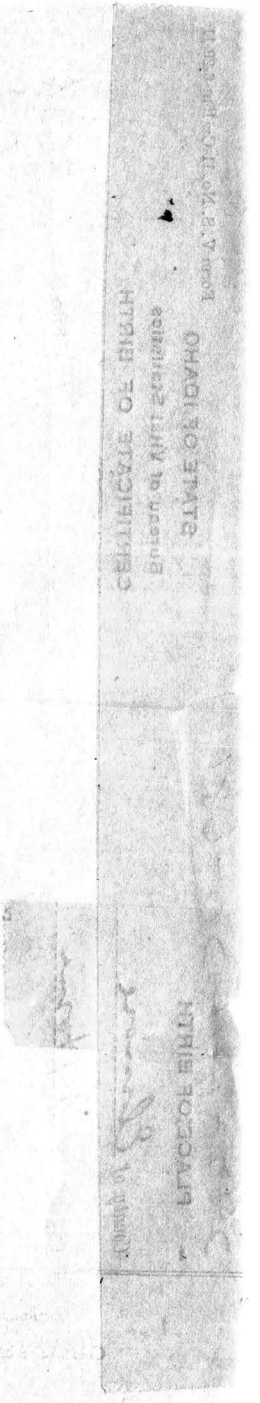
S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 18 1941



655-124-028-655 Amended October 24, 1958

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home

No. ..... St.

Registration District No. 20 File No. 8693

Hospital ..... Primary Registration District No. 2020 Registered No. 51

FULL NAME OF CHILD James Phelps Everett
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Sept. 24 12

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Richard Everett	FULL MAIDEN NAME: Anna O'Neill
RESIDENCE: Mountain Home	RESIDENCE: Mountain Home
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: America	BIRTHPLACE: America
OCCUPATION: Rancher	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) W. L. Frazier

Physician
(Physician or midwife)

Address Mountain Home, Idaho

Filed October 3 12

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Child's name State Insurance Fund Policy, issued January 11, 1940 viewed by V.S. Mother's name--Baptismal Cert. issued June 8, 1930 Viewed by V.S.
Mother's Name-another child's birth cert. #86520

Business Men's Assurance Co. of America Policy issued 3/k4/58, viewed by V.S/

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Everett History Record 1636-1920, viewed by V.S.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Elmore } ss.

Certificate No. 8693

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Everett (Name on Original Certificate) who born (Was Born or Died) on Sept. 21, 1912 (Date of Event)
in Mt. Home (Place of Event) viewed by V.S. are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by selective Service Card (Bible Record, Insurance Policy, Etc.) prepared on May 1, 1945 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	James Phelps Everett
Birthdate	Sept. 21, 1912	Sept. 24, 1912
Mother's Name	Anna O'Neal	Anna O'Neill

Subscribed and sworn to before me this 14 day of August 1957
Harold L. Hurlbert
Notary Public, residing at Eagle Ida
My commission expires Sept 28, 1960
(Seal)

Signed Anna J. Everett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1320 Ea. 3 no Mountain Home Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of August 1957
Harold L. Hurlbert
Notary Public, residing at Eagle Ida
My commission expires Sept 28, 1960
(Seal)

Signed R. P. Everett
(Signature of Any Credible Person)
1320 Ea. 3 no Mountain Home Idaho
(Street Address, City, State)

FORM DPH 55. 155

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mt Home

Registration District No. 20

File No. 8693

No. ____, ____ St.

Primary Registration District No. 2020

Registered No. 61

Hospital ____

FULL NAME OF CHILD Not named

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Sept 21, 1912

FATHER	MOTHER
FULL NAME Richard Everett	FULL MAIDEN NAME Emma O'Neal
RESIDENCE Mt Home	RESIDENCE Mt Home
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE America	BIRTHPLACE America
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Straziz

Physician (Physician or Midwife)

Address Mtn Home, Ada

Filed Oct 3 1912 W. L. Straziz Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 27 1958

344-101-042-281

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 23 File No. 8694

Primary Registration District No. 2084 Registered No. .....

FULL NAME OF CHILD Martin Cunningham

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	9 — 1 — 12

FATHER		MOTHER	
FULL NAME	Martin Cunningham	FULL MAIDEN NAME	Ella Shirke
RESIDENCE	Kimberly Ida	RESIDENCE	Kimberly
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	37.	AGE AT LAST BIRTHDAY (Years)	32.
BIRTHPLACE	Wis	BIRTHPLACE	Wis
OCCUPATION	Stone Mason	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J Whipple M. D.

(Physician or Midwife)

Address Kimberly Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 9—1 1912 John T Hughes Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

319-214-042-753

PLACE OF BIRTH

STATE OF IDAHO [redacted] V. S. No. II-C—20m-2-15-12
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Burl

No. 714 St.

Registration District No. 2087 File No. 8695

Primary Registration District No. 2087 Registered No.

Hospital

FULL NAME OF CHILD EVELYN LORETTA LaREICE ~~Evelyn Loretta LaReice~~

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	9 14 1912

FATHER		MOTHER	
FULL NAME	Lee D. La Reice	FULL MAIDEN NAME	Sophia Petterson
RESIDENCE	Burl Idaho	RESIDENCE	Burl Ida
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	14 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Marseilles France	BIRTHPLACE	Logan Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. McCluskey M.D.

(Physician or midwife)

Address Burl

Given names added from a supplemental report

..... 19.....

Filed 9-21 1912 J. S. Mumfley Registrar

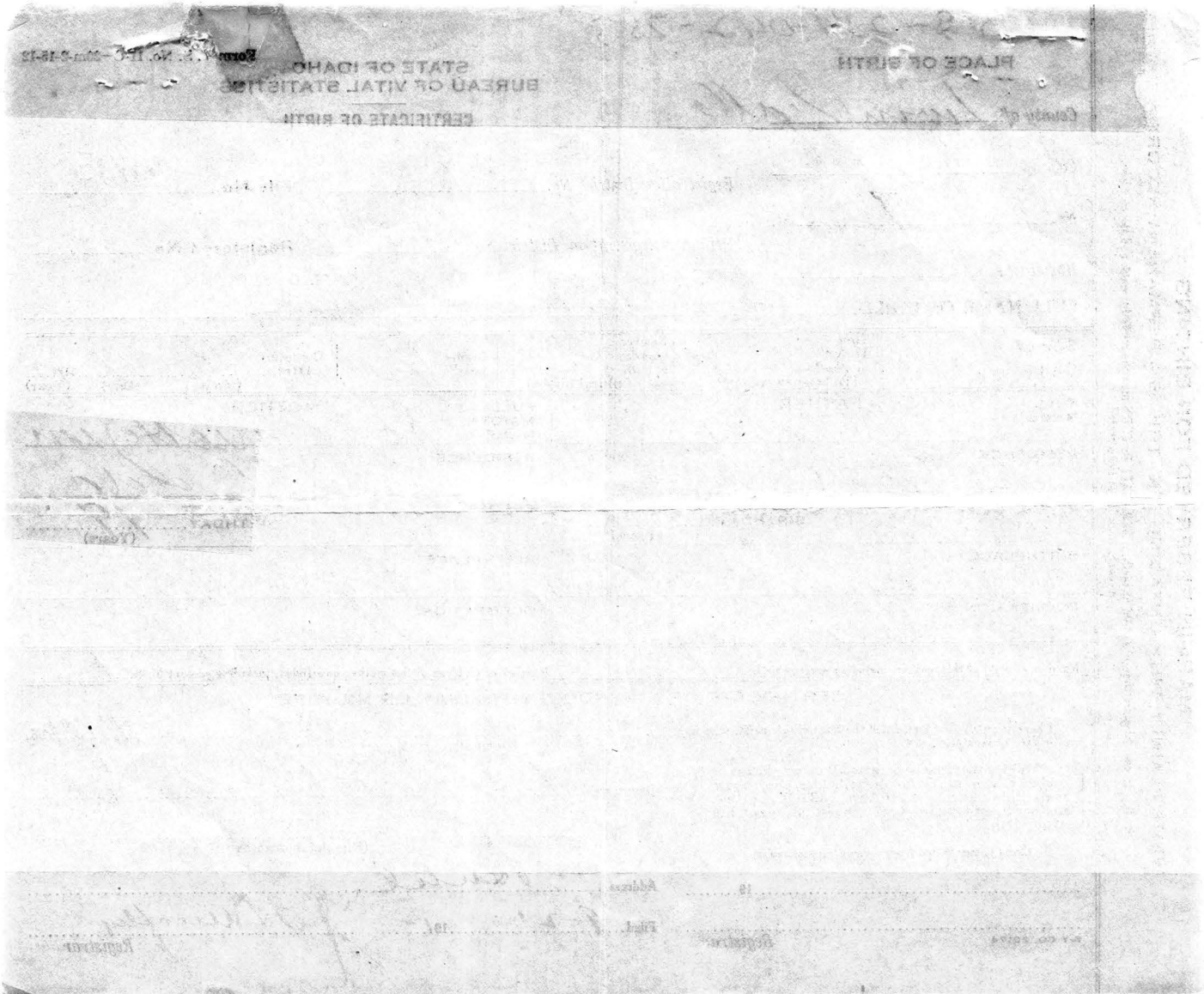
..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of TwinFalls

Certificate No. 8695

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Evelyn Loretta LaReice (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Sept 14th, 1912 (DATE OF EVENT)
in Buhl, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Sept 14th, 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Eva Loretta	Evelyn Loretta LaReice

Subscribed and sworn to before me this 16th
day of December, 1942

A. J. Amos
Notary Public residing at Buhl, Idah

My commission expires Nov 5th, 1945
(SEAL)

Signed Mrs Eva Petterson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

Buhl, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

DEC 29 1942

315-111-042-245

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital Walter

Registration District No. 2087 File No. 8696

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Frederick Tannler

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	9 11 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arnold Tannler	Lenora Kunz
RESIDENCE	2E 1S Buhl	2E 1S Buhl
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	37	24
BIRTHPLACE	Switzerland	McKeesport Pa
OCCUPATION	Cheese Maker	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7.05 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. McClusky M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Buhl

Filed 9-21 1912 J. Waverley
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Twin Falls }

Certificate No. 16 96
Date Filed 9-27-1912

The undersigned does solemnly swear that certain facts on the certificate of Sept 11th 1912 (Birth or death)
for Frederick Tannler (Name on original certificate) who Sept. 11th 1912 (Was born or died) on Sept 11th 1912 (Date of event)
in Buhl Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible Record & Insurance Policy (Bible record, insurance policy, etc.) prepared on Sept 11th, 1912 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name of Son	Frederick Tannler Jr	Walter Frederick Tannler
Frederick Walter Tannler	Frederick Tannler	Walter Frederick Tannler

Subscribed and sworn to before me this 26th day of July, 1941

K. N. Shurtleff
Notary Public, residing at Buhl Idaho
My commission expires 11/14/42
[SEAL]

Signed Lennora Tannler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Buhl. Idaho RD 4
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Twin Falls }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of July, 1941

K. N. Shurtleff
Notary Public, residing at Buhl Idaho
My commission expires 11/14/42
[SEAL]

Signed Frida Maxwell
(Signature of any credible person other than the previous affiant)
Buhl Idaho R.D. 1
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

261 - 197 - 942 - 295

PLACE OF BIRTH

Form V. S. No. 11-C Rev. 15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Lemhi Butte

City of Buhl

Registration District No. 2387 File No. 8697

No. St.

Primary Registration District No. 2087 Registered No.

Hospital

FULL NAME OF CHILD George Oscar Swanson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	9 7 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sam Swanson	Vera King
RESIDENCE	3 E 1 N. Buhl	3 E 1 N. Buhl
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	29	20
BIRTHPLACE	Vexo Sweden	Virginia
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. E. McClusky M.D.
(Physician or midwife)

Address Buhl

Given names added from a supplemental report

....., 19.....

Registrar

Filed 9-21 1912 J. T. McCorkle
Registrar

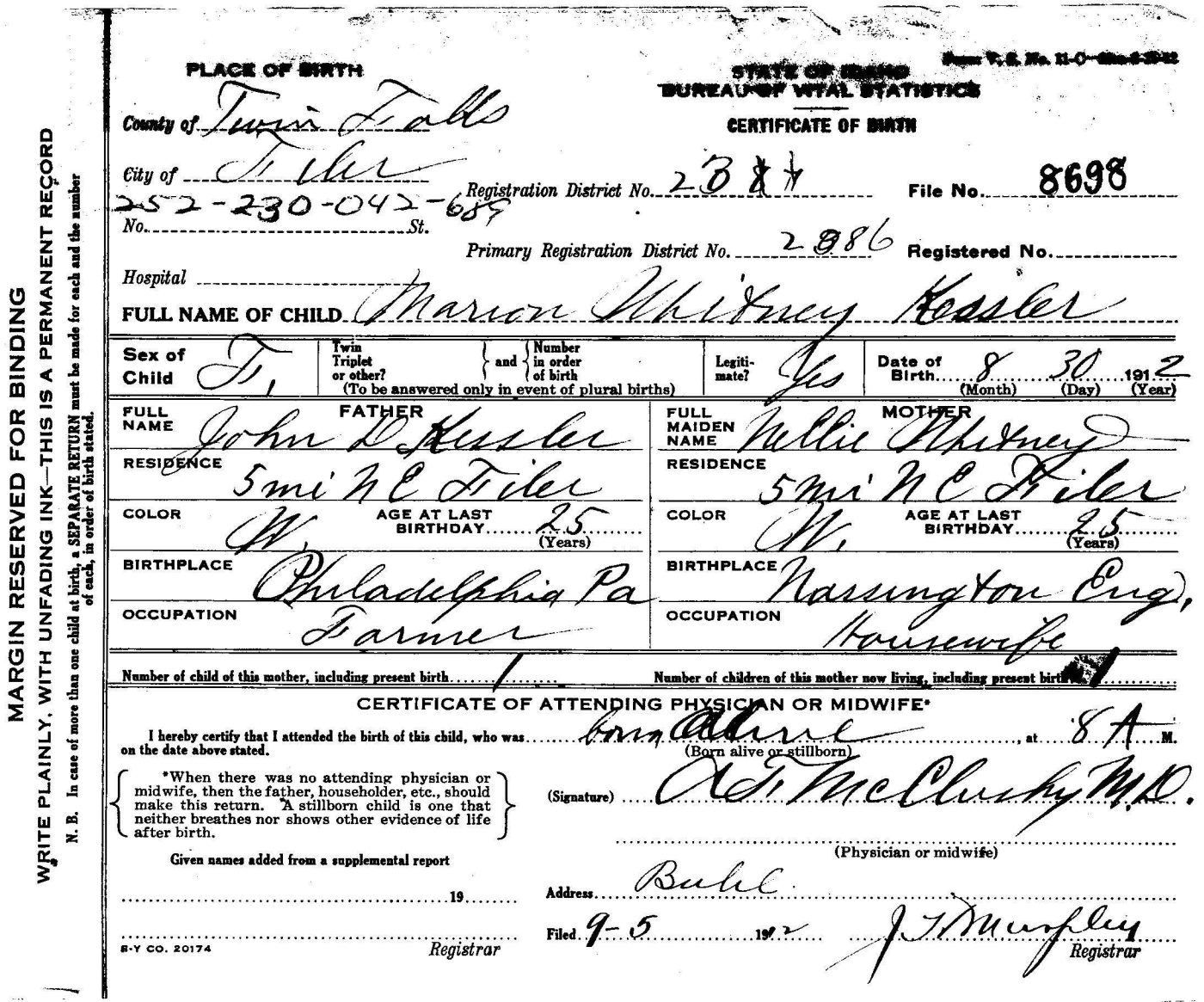
S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Nov. 20, 1940. E.W.



PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin

252-230-042-689
No. St.

Registration District No. 2 3 8 4

File No. 8698

Primary Registration District No. 2986

Registered No.

Hospital

FULL NAME OF CHILD. Marion Whitney Kessler

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	8 30 1912

FATHER		MOTHER	
FULL NAME	John D Kessler	FULL MAIDEN NAME	Nellie Whitney
RESIDENCE	5 mi N E Filer	RESIDENCE	5 mi N E Filer
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Philadelphia Pa	BIRTHPLACE	Nassington Eng.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. McClusky M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Buhl

Filed 9-5 1912

J. T. Mumford
Registrar

..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 16 1942

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. _____ File No. 8699

No. 245-109-042-157 St.

Primary Registration District No. 20-6 Registered No. _____

Hospital _____

FULL NAME OF CHILD Don Buel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
B.			Yes.	9 9 1912

FATHER		MOTHER	
FULL NAME	Hark Buel	FULL MAIDEN NAME	Jessie Angel
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Hickman Nebr.	BIRTHPLACE	Maroa Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A A Newberry M D (Physician or midwife)

Address Filer

Given names added from a supplemental report

....., 19.....

Filed 9-30 19 12 A. A. Newberry

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FATHER

Address

MAKE PERMANENT RECORD

USE PLENTY OF BLACK INK—THIS IS A PERMANENT RECORD

243 - 25-C-12-69

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

[redacted] OF IDAHO
[redacted] VITAL STATISTICS
[redacted] ICATE OF BIRTH

8700

County of Twin Falls

City of Filer

Registration District No. 73

File No.

No. St.

Primary Registration District No. 2086

Registered No.

Hospital

FULL NAME OF CHILD (Not named)

Sex of Child: Girl	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	Date of Birth: 9 (Month) 15 (Day) 191[illegible] (Year)	

FATHER		MOTHER	
FULL NAME	Wm Buchanan	FULL MAIDEN NAME	Ida Franklin
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Nashville Tenn	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 130 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Buchanan - Father
(Physician or midwife)

Given names added from a supplemental report

.....19.....

.....
Registrar

Address

Filed 9/18 19[illegible] A A Newberry
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

219-218-042-434

PLACE OF BIRTH

Form V. S. No. 11—1911-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8701

County of Twin Falls

City of _____

No. Rock Creek St.

Registration District No. 2-3

Primary Registration District No. 2085

File No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD Florence Barnes

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept. 18 1912

FATHER		MOTHER	
FULL NAME	Geo. H. Barnes	FULL MAIDEN NAME	Mamie McDonald
RESIDENCE	Rock Creek Idaho	RESIDENCE	Rock Creek Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Washington
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson M.D

Physician (Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report

..... 19.....

.....
Registrar

Filed 9-30 19 12 John T. Douglas
Registrar

S-Y CO. 20175

PLACE OF BIRTH

County of Clearwater

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11. Rev. 7-15-...

0204

...VED FOR BINDING
...NK—THIS IS A PERMANENT RECORD
WHITE PLAINLY WITH UNFADING INK
...MATE RETURN must be made for each and the number

Tacoma Public Schools, Statement from Superintendent of Schools gives name as Florence Barnes-taken from Census of Mayl, 1919 - viewedby V.S. and Washington Divorce Decree of Mother & Father, Aug. 3, 1925 gives name as Florence Barnes - viewed by V.S.

MAR 1 3 1959

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 8701

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Barnes (Name on Original Certificate) who born (Was Born or Died) on Sept. 18, 1912 (Date of Event)

in Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Florence Barnes
FLORENCE BARNES		

Subscribed and sworn to before me this 11th day of MARCH 19 59

Grace M. Kreinath

Notary Public, residing at TACOMA

My commission expires FEB. 2nd. 1960

(Seal)

Signed Alice G. Sawtelle

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

8240 S. GEE ST TACOMA, WN.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON } ss.
County of PIERCE }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of MARCH 19 1959

Grace M. Kreinath

Notary Public, residing at TACOMA, WASH.

My commission expires FEB. 2nd. 1960

(Seal)

Signed Nanny J. Shadlow

(Signature of Any Credible Person)

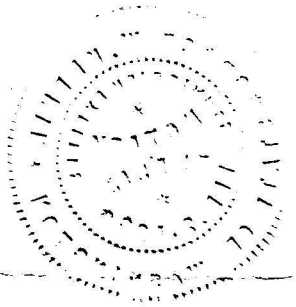
6847 S. Sprague, Tacoma, Wash

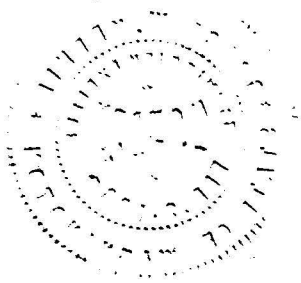
(Street Address, City, State)

FORM DPH 55.155

L 3-9-59. one copy pd.

MAR 13 1959
DEC 31 1965





MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen Registration District No. 23 File No. 8702

No. St. Primary Registration District No. 2083 Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Sept 26 1912

FATHER	MOTHER
FULL NAME Frank M. Mizoguchi	FULL MAIDEN NAME Suye Fujiwara
RESIDENCE Hansen, Idaho	RESIDENCE Hansen, Idaho
COLOR Jap. AGE AT LAST BIRTHDAY 21 (Years)	COLOR Jap AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Japan	BIRTHPLACE Japan
OCCUPATION Proprietor Hotel	OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson M D

Physician

(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

.....19.....

Filed 9-30 1912 John L Coughlin

.....
Registrar

S-Y CO. 20175

Registrar

Form V. S. No. 10—Rev. 2-15-12

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Rock Creek

689-227-042-134

No. ____ St.

Registration District No. 23 File No. 8703

Primary Registration District No. 2083 Registered No. ____

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept. 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry E. Whitzel	Mary Aldrich
RESIDENCE	Rock Creek Ida	Rock Creek Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	22
BIRTHPLACE	Nebraska	Colorado
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Wilson M D.

Physician (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

....., 19.....

Filed 9-30 19 12 John F. Brigham

.....
Registrar

Registrar

B-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 1 1970

813-618-042-689

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Murtaugh

No ____, ____ St.

Registration District No 23

File No. 8704

Hospital ____

Primary Registration District No. 2082

Registered No. ____

FULL NAME OF CHILD Claude Whitworth Hall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	7 18 1912

FATHER		MOTHER	
FULL NAME	Wm C. Hall	FULL MAIDEN NAME	Nellie Whitworth
RESIDENCE	Murtaugh, Ida	RESIDENCE	Murtaugh Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Kansas
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was boom alive (Born alive or stillborn) on the date above stated. at 4.30 a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or Midwife)

Address Twin Falls Ida

Given names added from a supplemental report

....., 19.....

Filed 9-25 1912 John F. Coughlin Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

64 304 41

666 - 203 - 042 - 743

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No ....., ... St.

Hospital .....

Registration District No 23 File No. 8705

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Woodward

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	9 3 1912

FATHER	MOTHER
FULL NAME John S. Woodward	FULL MAIDEN NAME Lillian May Puckett
RESIDENCE Twin Falls Ida.	RESIDENCE Twin Falls Idaho.
COLOR White AGE AT LAST BIRTHDAY 38 (Years)	COLOR White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Indiana	BIRTHPLACE Indiana
OCCUPATION School Janitor	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) H. F. Pike

Physician

(Physician or Midwife)

Address Twin Falls Ida.

Filed 9-4 1912 Jolliffe Coughlan Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 2 7 1981

248-713-042-249

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No 23 File No. 8706

No ....., ... St.

Primary Registration District No. 2085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Edna Pearl Smyth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	9 13 1912

FATHER		MOTHER	
FULL NAME	Wm Sylvanus Smyth	FULL MAIDEN NAME	Dora Gertrude Smyth
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	New Brunswick	BIRTHPLACE	New Brunswick
OCCUPATION	Gaucheman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. F. Pike

Physician

(Physician or Midwife)

Address Twin Falls Ida.

Given names added from a supplemental report

....., 19.....

Filed 9-25 1912 John F. Englehart

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

*WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 13 1944

[illegible] 277-20-042-963

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. Shoshone St.

Registration District No. 23 File No. 8707

Primary Registration District No. 2085 Registered No.

Hospital

FULL NAME OF CHILD Jean ~~Ann~~ Meredith Sprague

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept 10 1923

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George F. Sprague	Anna Rose Robertson
RESIDENCE	Twin Falls, Idaho	Twin Falls, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	47.	32
BIRTHPLACE	New York	Virginia
OCCUPATION	Real Estate	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 930 am M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson M D

Physician (Physician or midwife)

Address Twin Falls Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 9-30 1924 John L. Engbretson
Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

918-111-042-168

City of "

No. Lincoln and L. St.

Hospital

Registration District No. 23 File No. 8708

Primary Registration District No. 2086 Registered No.

FULL NAME OF CHILD Arthur Johnson Ray

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Sept. 11 1912

FATHER

FULL NAME Hawley H Ray

RESIDENCE Twin Falls, Ida

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Illinois

OCCUPATION Rancher.

MOTHER

FULL MAIDEN NAME Ella Johnson

RESIDENCE Twin Falls, Ida

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Kansas

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.25 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson M.D.

Physician

(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

.....19.....

.....

Registrar

Filed 9-30 19 12 John W Coughlin

Registrar

S-Y CO. 20175

Form V. S. Wk. 0—20 [illegible]

STATE OF IDAHO

PLACE OF BIRTH

Cradle Roll Department, Certificate of Promotion, to the Primary Department, Methodist Sunday School, Oct. 3, 1915 gives full name of child as Arthur Johnson Ray - viewed by V.S. Social Security Card, 12-16-1936, #312-10-6358 gives full name as Arthur Johnson Ray - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 8708

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Ray (Name on Original Certificate) who born (Was Born or Died) on Sept. 11, 1912 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Arthur Johnson Ray

Subscribed and sworn to before me this 7th day of October, 19 59

E. W. Mizell
Notary Public, residing at Bartlesville, Okla.
My commission expires June 7, 1961
(Seal)

Signed Mrs. Johnson Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

605 Keeler Ave Bartlesville Okla
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oklahoma
County of Washington } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of October, 19 59

E. W. Mizell
Notary Public, residing at Bartlesville, Okla.
My commission expires June 7, 1961
(Seal)

Signed Meda E Smith
(Signature of Any Credible Person)

605 Keeler Ave Bartlesville, Okla
(Street Address, City, State)

FORM DPH 55.155 CL 9-29-59. nm

NOV 20 1959

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

245-22-0042-533

County of Twin Falls

City of [illegible]

No. [illegible] St.

Hospital Twin Falls

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23

File No. 8709

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD Frances Alfreda Busse

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Sept. 20 (Month) (Day) 191.2 (Year)

FATHER

FULL NAME Frank A. Busse

RESIDENCE Jerome, Idaho

COLOR White AGE AT LAST BIRTHDAY 45 (Years)

BIRTHPLACE New Haven, Conn

OCCUPATION

MOTHER

FULL MAIDEN NAME Maude E. Ellis

RESIDENCE Jerome, Idaho

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Belfast, Maine

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson M.D.

Physician (Physician or midwife)

Address Twin Falls Idaho.

Given names added from a supplemental report

.....19.....

.....Registrar

Filed 9-30 19 12 John T. Coughlin Registrar

S-Y CO. 20175

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—Rev. 1-1-43

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

415 - 304-0412-219

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. North Vernon Addition St.

Registration District No. 23 File No. 8710

Primary Registration District No. 2085 Registered No.

Hospital

FULL NAME OF CHILD Anna Lila Davis

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept. 4 1912

FATHER		MOTHER	
FULL NAME	Griffith J. Davis	FULL MAIDEN NAME	Lena Barry
RESIDENCE	Rogerson, Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Pennsylvania	COLOR	White
OCCUPATION	Butcher	AGE AT LAST BIRTHDAY (Years)	20
		BIRTHPLACE	North Carolina
		OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson M D

Physician

(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

.....19.....

.....

Registrar

Filed 9-30 1912 John T. Coughlin

Registrar

S-Y CO. 20175

FEB 2 6 1942

FEB 2 6 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Bureau of Vital Statistics

County of Twin Falls

City of Twin Falls,

No. ____, ____ St.

Hospital ____

CERTIFICATE OF BIRTH

File No. 8711

Registration District No. 23

Primary Registration District No. 2085.

Registered No. ____

FULL NAME OF CHILD Earl Henry Carlson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	9 3 191-

FATHER

FULL NAME: Fred Carlson

RESIDENCE: Twin Falls Ida

COLOR: White

AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Ill.

OCCUPATION: Fire Chief

MOTHER

FULL MAIDEN NAME: Ella Peterson

RESIDENCE: Twin Falls, Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Sweden

OCCUPATION: Housewife

Number of child of this mother, including present birth: 5

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

...., 19.....

..... Registrar

(Signature) H. F. Pike

Physician

(Physician or Midwife)

Address Twin Falls Ida

Filed 9. 5 1912 John W. Coughlin Registrar

SYMS - YORK CO., PTRS. & ENGRS. 17926

DECEASED

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Cassia } ss.

Certificate No. 8711

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Carlson (Name on Original Certificate) who born (Was Born or Died) on 9-3-1912 (Date of Event)
in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Social Security Card (Bible Record, Insurance Policy, Etc.) prepared on 519-18-0080 6-8-1940 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Earl Henry Carlson

Subscribed and sworn to before me this 16 day of April 19 58
Mark W. Crowell
Notary Public, residing at Burley Idaho
My commission expires May 25 1961
(Seal)

Signed Edna Louise Carlson Norris
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of April, 19 58
Mark W. Crowell
Notary Public, residing at Burley Idaho
My commission expires May 25, 1961
(Seal)

Signed Earl H. Carlson
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55. 155

JUL 14 1964

SEP 9 1964

APR 22 1958

419-201-042-613

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 10—Rev. 6-15-12

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls,

City of Twin Falls,

Registration District No. 23 File No. 8712

No. St.

Primary Registration District No. 2085 Registered No.

Hospital

FULL NAME OF CHILD Bernice Geraldine Marrin

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f.		X	Yes.	Sept 1 1912

	FATHER	MOTHER
FULL NAME	O L Marrin	Ida Watts
RESIDENCE	Twin Falls	Twin Falls
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	39	34
BIRTHPLACE	Ia.	Neb.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred Goodrich

Physician

(Physician or midwife)

Given names added from a supplemental report

.....19.....

Address Twin Falls, Idaho

Filed Sept 1 1912 John F Coughlan

.....Registrar

Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 5 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

755-208-042-755

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23. File No. 8713

Primary Registration District No. 2085. Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		3	Yes	9 8 1912

FATHER		MOTHER	
FULL NAME	C. L. Gentry	FULL MAIDEN NAME	Mary Gentry
RESIDENCE	Hansin	RESIDENCE	Hansin
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos Boyd M.D.

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

..... 19.....

Filed 9-20 1912 John T. Coughlan

..... Registrar

Registrar

8-Y CO. 20174

C 894

653-726-842-769

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 23 File No. 8714

Primary Registration District No. 2085. Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		4	yes	Sept 26 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence Wilton	Alvira Porter
RESIDENCE	Twin Falls	Twin Falls
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	43	30
BIRTHPLACE	Ill.	Ohio
OCCUPATION	Loans & Abstracts	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Boyd M.D.

(Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Oct 8 1912 John L. Bryden Registrar

8-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 5 1967

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH 249-725-942-893

County of Twin Falls,

City of Twin Falls.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 8715

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	(To be answered only in event of plural births)	5	Yes	Sept 28 1912

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Nicholas Smith	Belle Hittle
RESIDENCE	Twin Falls	Twin Falls
COLOR	W	White
AGE AT LAST BIRTHDAY (Years)	36	34
BIRTHPLACE	Wisconsin	Ohio
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos Lloyd M.D.

(Physician or midwife)

Address Twin Falls.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 10-10 19 12 Edward Coughlan Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

4332-525 042-592

PLACE OF BIRTH

Form V. S. No. 11-C—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

amended 12/1/80

County of Twin Falls

City of " "

No. ____, ____ St.

Hospital ____

Registration District No. 23

Primary Registration District No. 2085

File No. 8716

Registered No. ____

FULL NAME OF CHILD Robert L. McShane

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	2	Yes	Sept 25 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robt Mc Shane	Adria Hise
RESIDENCE	Contact Twn	Contact
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	28	22
BIRTHPLACE	N. Y.	Colorado
OCCUPATION	Mining Engineer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A Morgan M D

(Physician or Midwife)

Address Twin Falls

Given names added from a supplemental report

....., 19....

Filed 9. 30. 1912 Johnst Engleman

Registrar

S-Y CO., 16670

Registrar

OCT 28 1942

DUP 015 1911 D71-773

11-13-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
SEP 5 1980
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 8716
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Mc Shane (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept. 23, 1912 (Date of Event)

in Twin Falls, (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Robert L Mc Shane

Subscribed and sworn to before me this 2nd day of September, 19 80

Notary Public, Barbara Eckersley

Residing at Ogden, Utah

My commission expires June 19 1984

(Seal)

Robert L. Mc Shane
Signature of Applicant

2245 Madison Ave Ogden Utah 84401
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Marriage Certif from Nevada gives names as Robert L. McShane and Dawnine T. Nielsen married January 18, 1968. viewed by V.S.

Honorable Dischareg from the US Army gives name as Robert L. McShane born Sept 23, 1912 in Twin Falls, Idaho. dte of separation ~~XX~~ Feb 9, 1946. viewed byVS

DEC 2 1980

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH 249-250-045-465

County of Twin Falls

City of 11 11

No. ..... St.

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 8717

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	(To be answered only in event of plural births)	5	Yes	Sept 30, 192

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	L. M Smith	Maud Doulavy
RESIDENCE	Twin Falls	Twin Falls
COLOR / AGE AT LAST BIRTHDAY (Years)	white / 36	white / 33
BIRTHPLACE	Missouri	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Morgan M D

(Physician or Midwife)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

Filed 10-10 1912 John L. Brigham

Registrar

S-Y CO., 16670

Registrar

Form V. S. No. U-C—15m-4-11

Address

Date ..... 19...

Registered

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2

PLACE OF BIRTH

County of Twin Falls

519-123-042-845

City of ✓

No. ✓ St.

Hospital ✓

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 8719

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Martell, Edmond Joseph

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	✓	Yes	Sept 23 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Albert Martell	FULL MAIDEN NAME: Elizabeth Quesnel
RESIDENCE: Twin Falls Co	RESIDENCE: Twin Falls Co
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Red Lake Minn.	BIRTHPLACE: Mentor Minn.
OCCUPATION: Farmer	OCCUPATION: Hswf.

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 am on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L. Alexander

Physician
(Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report

....., 19.....

Filed 9-30 1912 John L. Engleman
Registrar

.....
Registrar

5-Y CO. 20174

279697

25720

10-7-40

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

714-116-042-296

City of ---

No. 1 St.

Hospital ---

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23

Primary Registration District No. 2085

File No. 8720

Registered No. ---

FULL NAME OF CHILD Robert Brooks Padgett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	✓	Yes	Sept 16 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence R Padgett	Hazel Brooks
RESIDENCE	Twin Falls Co	Twin Falls Co
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	30	24
BIRTHPLACE	Memphis Mo	Dreeden Mich.
OCCUPATION	Rancher	Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8309 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L. Alexander, Physician (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 9-30 19 12 J. H. Coughlan Registrar

B-Y CO. 20174

Form V. S. No. U-C—50m-9-15-12

STATE OF IDAHO

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 8720

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth 16,1912
(BIRTH OR DEATH)
for unnamed (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept. 16,1912 (DATE OF EVENT)
in Twin Falls (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Robert Brooks Padget

Subscribed and sworn to before me this 29th day of December, 19 41

Notary Public, residing at Caldwell

My commission expires Oct. 5, 1945
(SEAL)

Signed Hazel Padgett
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Caldwell Idaho Route 3
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

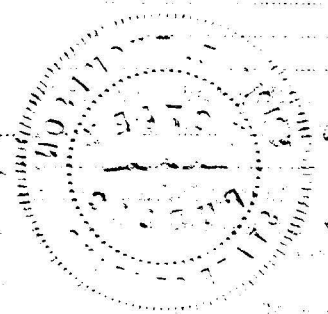
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

DEC 30 1941



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]-001-[redacted]

[redacted] STATE OF IDAHO Form V. S. No. 11-C—10m-6-30-11

[redacted] Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of [redacted] Registration District No. ..... File No. 110 8721

No. 416 Barnock St. Primary Registration District No. ..... Registered No. 110

Hospital .....

FULL NAME OF CHILD Dolly Randall Kaiser

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f	—	—	L	Sept. 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Herman Kaiser	Mamie Champion
RESIDENCE	416 Barnock	416 Barnock
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	51	46
BIRTHPLACE	California	England
OCCUPATION	Merchant	House wife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 11.50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [redacted]

(Physician)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept. 1912 [redacted] Registrar

S-Y CO., 16670 Registrar

[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

415-123-001-241

County of Ada

City of Boise

No. 1702, N. 6 St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Regist. District No.

File No. 109 8722

Primary Registration District No.

Registered No. 109

FULL NAME OF CHILD PERRY EDWARD DAVIS

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			L	Sept. 23, 1912

FATHER		MOTHER	
FULL NAME	Edward H. Davis	FULL MAIDEN NAME	Mable Smart
RESIDENCE	1702 N 6	RESIDENCE	1702 N 6
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Virginia	BIRTHPLACE	Nev.
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 6 40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boeck M.D.

(Physician or ~~Midwife~~)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 30 1912 Ed M Conrad

Registrar

S-Y CO., 16670

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 8722

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Perry Edward Davis (Name on Original Certificate) who was born (Was Born or Died) on Sept. 23, 1912 (Date of Event) in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Perry Edward

Subscribed and sworn to before me this 27 day of April, 19 42.

L. Brown
Notary Public, residing at Boise Idaho

My commission expires Oct 7-1944
(Seal)

Signed Ethel S. Wood
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1207 Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed Ethel S. Wood
(Signature of Any Credible Person Other Than Previous Year)

1207 Washington
(Street Address, City, State)

APR 27 1915

194-12-201-345

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—16m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No.

File No. 108 8723

No. 28 + Alturas St.

Primary Registration District No.

Registered No. 108

Hospital

FULL NAME OF CHILD David Wayne Armfield

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Y	Sept. 27, 1912

FATHER		MOTHER	
FULL NAME	David H Armfield	FULL MAIDEN NAME	Bessie H Coe
RESIDENCE	28 + Alturas	RESIDENCE	28 + Alturas
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~dead~~) at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boeck

(Physician or ~~Midwife~~)

Address Boise Ida

Given names added from a supplemental report

....., 19.....

Filed Oct. 19 12 C S McConnell

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

494-220-001-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. ____ File No. 8724

No. 606, S. 16th St.

Primary Registration District No. ____ Registered No. 107

Hospital ____

FULL NAME OF CHILD Marval Mae Middleton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Sept 20, 1912

	FATHER	MOTHER
FULL NAME	O. A. Middleton	Ruby M Watkins
RESIDENCE	606 - S 16th St Boise	606 S 16th St Boise
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Illinois	Utah
OCCUPATION	Auto Livery	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward J Bird M.D.

Physician

(Physician or Midwife)

Address 708 Terra Building Boise Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept. 19 12 C. M. Conrad

Registrar

S-Y CO., 16670

FEB 13 1968

912-227-001-912

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 1107, Grove St.

Hospital

Registration District No.

File No. 106 8725

Primary Registration District No.

Registered No. 106

FULL NAME OF CHILD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		no	9 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Unknown	Stephana Zabala
RESIDENCE		1107 Grove St
COLOR		
AGE AT LAST BIRTHDAY (Years)		30
BIRTHPLACE		Spain
OCCUPATION		Housemaid

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Gillespie

(Physician or Midwife)

Address Falk Bldg

Given names added from a supplemental report

....., 19.....

Filed Oct 19 12 C. M. Cochran

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

765-220-001-238

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1001, No. 20th St.

Hospital

Registration District No.

File No. 8726

Primary Registration District No.

Registered No. 103

FULL NAME OF CHILD Maurine Eloise Sweeting

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
White	v		v	yes	9 2 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: James T Sweeting	FULL MAIDEN NAME: Anna M. Scherer
RESIDENCE: 1001 N. 20 and	RESIDENCE: 1001 No. 20th
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Ill	BIRTHPLACE: Ill
OCCUPATION: Bookkeeper	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Harvey

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

.....
Registrar

Address

Filed 8 Sept 19 12 C. M. McConnell
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH
415-225-001-125

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Ada

City of Boise — Registration District No. — File No. 8727

No. 1205 Warm Springs ave. — Primary Registration District No. — Registered No. 1

Hospital

FULL NAME OF CHILD Elizabeth Lee Davidson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	SEP 25 1912

FATHER		MOTHER	
FULL NAME	Roger M. Davidson	FULL MAIDEN NAME	Carrie W. Abernathy
RESIDENCE	1205 Warm Springs ave	RESIDENCE	1205 W. S. ave
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	New York City	BIRTHPLACE	Red Springs, Tenn.
OCCUPATION	Wholesale Grocer	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6-35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rollin S. Gregory, M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Boise Idaho

Filed Oct 19.12 C. S. McComas

Registrar

.....

Registrar

S-Y CO., 16670

NOV 1 2 1974

DECEASED

693-223-001-866

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 1016, N 20 St.

Hospital

Registration District No.

File No. 8728

Primary Registration District No.

Registered No. 103

FULL NAME OF CHILD ALTHA MADELINE WILSON

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.		Yes	9 23 1912

FATHER		MOTHER	
FULL NAME	Thomas R. Wilson	FULL MAIDEN NAME	Jessie M. Hoffman
RESIDENCE	1016 N 20 St	RESIDENCE	1016 N 20 St
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P M. on the date above stated.

(Signature) Fred A Pelling MD

(Physician or Midwife)

Address Idaho Bldg

Filed Oct. 10 1912 E S McConnel Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

Form V.S. No. 11-C—10m 8-7-11

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 8728

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Altha Madeline Wilson (Name on Original Certificate) who born (Was Born or Died) on Sept. 23, 1912 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Altha Madeline Wilson

Subscribed and sworn to before me this 6th
day of November, 194-
Marian E. Ox
Notary Public, residing at Boise, Idaho
My commission expires 6-24-45
(Seal)

Signed Jessie Wave Hoffman Wilson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 6 1942

235-113-001-615

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 18 8729

County of Ada

City of Boise

Registration District No.

No. 1107 Jefferson St.

Primary Registration District No.

Registered No. 102

Hospital

FULL NAME OF CHILD Edward Wanek Stein

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Sept. 13 1912

FATHER	MOTHER
FULL NAME: Howard E. Stein	FULL MAIDEN NAME: Alida Wanek
RESIDENCE: 1109 Jefferson St.	RESIDENCE: 1109 Jefferson St.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Colorado	BIRTHPLACE: Minnesota
OCCUPATION: Real estate Agt	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1st

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6-10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept. 19 12 C. J. McConnell

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 23 1964

MAR 31 1952

695-111-001-212

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. ____ File No. 108730

No. 111 N. 16th St.

Primary Registration District No. ____ Registered No. 101

Hospital ____

FULL NAME OF CHILD James Benjamin Freeman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept. 11, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Isadore S. Freeman	Lucy Baker
RESIDENCE	Boise - Idaho	Boise -
COLOR	W.	W.
AGE AT LAST BIRTHDAY	37 (Years)	26 (Years)
BIRTHPLACE	England	Del.
OCCUPATION	Tailor	H W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Earl Hill

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Sept. 19 12 C.V. McConnell

Registrar

S-Y CO., 16670

Registrar

MC 6-10-31

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—16m-6-20-11

MARGIN RESERVED FOR
WRITE PLAINLY. WITH UNFADING INK. THIS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH
395-108-001-349

County of Ada

City of Boise

No. 1113, Miller St.

Hospital

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

6731

Registration District No.

File No. 100

Primary Registration District No.

Registered No. 100

FULL NAME OF CHILD Robert Wm Cressy

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept. 8th, 1912

FATHER		MOTHER	
FULL NAME	Mortimer C. Cressy	FULL MAIDEN NAME	Anna G. Turner
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Minn.	BIRTHPLACE	Boise Idaho
OCCUPATION	Laborer	OCCUPATION	House-Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. 2 20, at - P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. P. Haley

Physician

(Physician or Midwife)

Address Boise Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept 19 12 C. M. Conrad

Registrar

S-Y CO., 16670

Form V. S. No. 1170—16m-8-30-17

STATE OF IDAHO

PLACE OF BIRTH

8181

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

265-201-001-843

County of Ada

City of Boise

No. 34 So. 5th St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No.

File No. 8732

Primary Registration District No.

Registered No. 19

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	Sept. 1, 1912

	FATHER	MOTHER
FULL NAME	Frank L. Bonnin	FULL MAIDEN NAME Fern Hutchinga
RESIDENCE	311 So. 5th - Boise	Boise - Idaho
COLOR	W.	W.
AGE AT LAST BIRTHDAY	27 (Years)	21 (Years)
BIRTHPLACE	Mich.	Oregon
OCCUPATION	Carpenter	H. W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Hill

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address

Filed Sept. 19 12 C S McConnell

Registrar

S-Y CO., 16670

313-21-001-693

PLACE OF BIRTH

County of Ada

City of Boise

No. 1417, E. Bannock St.

Hospital —

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 8733

Primary Registration District No. 1004 Registered No. 78

FULL NAME OF CHILD Lois Vida Callahan

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	Sept 19, 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Edward G. Callahan	FULL MAIDEN NAME Nora Inez Williams
RESIDENCE Boise, Ida.	RESIDENCE Boise, Ida.
COLOR white	AGE AT LAST BIRTHDAY 23 (Years)
COLOR white	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Shoup, Idaho.	BIRTHPLACE Oregon
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Callahan

Physician (Physician or Midwife)

Address Boise, Ida.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Sept. 19, 19.....

Amy McConnell
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 13 1944

COLOR

AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE

OCCUPATION

155-319-001-343

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1815, No. 17th St.

Registration District No. 2

File No. 6734

Hospital

Primary Registration District No. 1084

Registered No. 97

FULL NAME OF CHILD Dorothy Viola Avera

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Aug 19, 191[illegible]

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Herbert Richard Avera	FULL MAIDEN NAME Ada Viola Lucas
RESIDENCE Oregon	RESIDENCE Oregon
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Texas	BIRTHPLACE Near North Powder, Ore
OCCUPATION Sawber & Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Shawhan

Physician (Physician or Midwife)

Address Boise, Ida.

Given names added from a supplemental report

....., 19.....

Filed Aug. 19 1912 G. E. Shawhan Registrar

Guy McCornack Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

AUG 26 1942

532-106-001-815

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 915, No. 16th St.

Registration District No. 2 File No. 8735

Hospital

Primary Registration District No. 1004 Registered No. 96

FULL NAME OF CHILD Karl Eckert

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				yes	Sept 6 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Earnest Clarence Eckert	FULL MAIDEN NAME Ella Yant
RESIDENCE Boise, Ida.	RESIDENCE Boise, Ida.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE North McGregor, Iowa	BIRTHPLACE Altuna, Iowa
OCCUPATION Boilermaker	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Shawhan

Physician

(Physician or Midwife)

Address Boise, Ida.

Given names added from a supplemental report

....., 19.....

Filed Sept 19, 1912 Fay McConnel

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

678-21-001-437

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 14 S. 2nd West Idaho St.

Hospital —

Registration District No. 2 File No. 8736

Primary Registration District No. 1004 Registered No. 95

FULL NAME OF CHILD Thelma Fry

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	—	—	yes	9 11 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ray S. Fry	FULL MAIDEN NAME	Charlotte Mc Pike
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ark	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Hse.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Allen Calloway

Physician (Physician or midwife)

Address Boise Idaho.

Given names added from a supplemental report

....., 19.....

Filed Sept. 16, 1912 Jay McConnell Registrar

....., Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 25 1952

259-206-221-853

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1016 N. 16 St.

Hospital —

Registration District No. 2 File No. 8787

Primary Registration District No. 1004 Registered No. 94

FULL NAME OF CHILD Joe E. Bernascone

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	— (To be answered only in event of plural births)	—	yes	9 (Month) 1 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Victor Bernascone	FULL MAIDEN NAME	Florence Helvern
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Hse.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) M. Allen Galloway

Physician
(Physician or midwife)

Address Boise Idaho

Filed Sept 18 1912 Amy McConnell
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup # 1912 - 144537

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 215-110-001-639

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1711 N. 13 St.

Hospital —

Registration District No. 2 File No. 6788

Primary Registration District No. 1004 Registered No. 93

FULL NAME OF CHILD Alfred Frank Baker

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	9 16 192

FATHER		MOTHER	
FULL NAME	Italo Benedetti	FULL MAIDEN NAME	Linda Oliver
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Italy	BIRTHPLACE	Cal.
OCCUPATION	Musician	OCCUPATION	Hse

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Talbert

Physician (Physician or midwife)

Name changed by court order Superior Court Inyo County California # 2133.5-2-44

Give name and address for a supplemental report

Address Boise Idaho

19

Filed Sept 18 19 12 Amy McConnell Registrar

8-Y CO. 20174 Registrar

JUN 27 1944

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA,

IN AND FOR THE COUNTY OF INYO

In the Matter of the Application of ALFREDO FRANK BENEDETTI for Change of Name.) No. 2133

ORDER AUTHORIZING CHANGE OF NAME

The application of Alfredo Frank Benedetti praying for an order of court changing his name to Alfred Frank Baker, in place of his present name, came on regularly to be heard this 22nd day of May, 1944, and proof having been made to the satisfaction of the court that notice of hearing hereon was given in the manner and form required by law and order of this court, and no objections having been filed by any person, and the court being satisfied that there is no reasonable objection to petitioner assuming the name proposed:

It is therefore, ORDERED, ADJUDGED and DECREED that petitioner's name of Alfredo Frank Benedetti be, and the same is hereby changed to ALFRED FRANK BAKER.

Done in open court this 22nd day of May, A. D. 1944.

WM D. DEHY

WM. D. DEHY,
Judge of the Superior Court.

The foregoing instrument is a full, true and correct copy of the original on file in this office.

Attest May 22 1944

RAY LAWRENCE County Clerk and Clerk of the Superior Court of the State of California, in and for the County of Inyo.

By Eleanor Margraves Deputy Clerk

617-209-001-762

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. [redacted]

No. 915, N 8 St.

Primary Registration District No. 1004

Registered No. 92

Hospital St. Lukes

FULL NAME OF CHILD Emma Bernice Wagner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth
f.			L	Sept (Month) 9 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Alford A. Wagner	FULL MAIDEN NAME	Jenette J Posner
RESIDENCE	915 N 8	RESIDENCE	915 N 8
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	N. Y.
OCCUPATION	Clerk	OCCUPATION	H. W.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M.
(Born alive ~~or stillborn~~)
on the date above stated.

(Signature) John Burch

(Physician ~~or Midwife~~)

Address Boise Ida

Filed Sept. 16. 1912 Amy McConnell
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 6 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

239-109-001-239

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1103 N 12 St.

Registration District No. 2 File No. 8740

Primary Registration District No. 1004 Registered No. 91

Hospital Beaumont

FULL NAME OF CHILD Buford Andy Buchanan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			L.	Sept 9 1912

FATHER		MOTHER	
FULL NAME	Geo. W Buchanan	FULL MAIDEN NAME	Lulu Mary Stricker
RESIDENCE	1103 N 12	RESIDENCE	1103 N 12
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	N. Y.	BIRTHPLACE	S. D.
OCCUPATION	Decorator	OCCUPATION	H. W

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Brock

(Physician ~~or Midwife~~)

Address Boise Ida

Given names added from a supplemental report

....., 19.....

Filed Sept 6 1912 Guy M Connell Registrar

.....

Registrar

S-Y CO., 16670

Certified Copy issued Nov. 14, 1940. E.W.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-6-20-11

789 PLACE OF BIRTH 001-366

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 8741

No. ____, ____ St.

Primary Registration District No. 1004 Registered No. 90

Hospital St Alphonsus

FULL NAME OF CHILD Katheryn C. Phillips

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	July 23, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. W. Phillips	FULL MAIDEN NAME	Amy Love
RESIDENCE	Beatty, Ada Co	RESIDENCE	Beatty
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

(Signature) Ralph Falls

M. D.

(Physician or Midwife)

Address

Filed Sept. 19, 1912 Fay McConnell Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

NOV 3 1971

c.c. 5/22/41. w.h.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. [illegible] Harris Addition St.

Hospital

Registration District No. 2 File No. 8743

Primary Registration District No. 1004 Registered No. 87

FULL NAME OF CHILD Vincent Cooper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			L	Aug. 11, 1912

FATHER		MOTHER	
FULL NAME	James Cooper	FULL MAIDEN NAME	Sarah Phillips
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Barber	OCCUPATION	House Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) C. J. Rabhan

(Physician or Midwife)

Address 219 Warm Springs

Filed Sept. 10, 1912 Jas. P. McConnell Registrar

SYMS - YORK CO., PTRS. & SDRS. 17828

MAR 1 3 1974

DuPOD 1912-44425

PLACE OF BIRTH
315-294-001-843

Co. Ada

City of Boise

No. 114, S. 16th St.

Hospital —

Form V. S. No. 11-C-10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

8744

Registration District No. 2 File No.

Primary Registration District No. 10C4 Registered No. 8 6

FULL NAME OF CHILD Norma Marjorie Lansdon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	9 4 1912

FATHER	MOTHER
FULL NAME Henry C. Lansdon	FULL MAIDEN NAME Jessie Hutchings
RESIDENCE 114 S. 16th	RESIDENCE 114 S. 16th
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Nev.
OCCUPATION Laundryman	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11-45 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) W. F. Tuley

Physician
(Physician or Midwife)

Address Boise

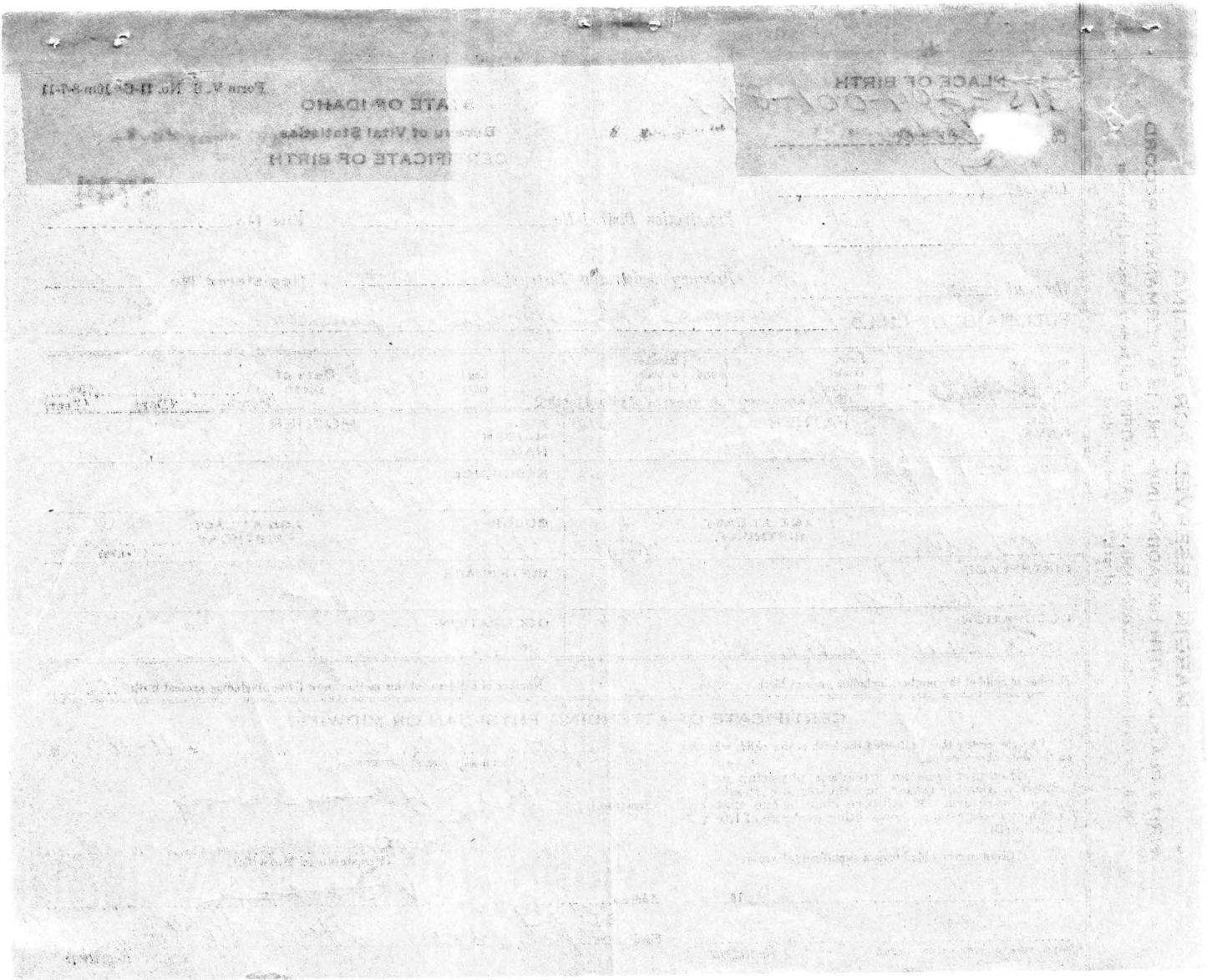
Filed Sept. 11, 19 12 Dan McCarroll
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 8744

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Sex	Male	Female
Name	none given	Norma Marjorie Lambert

Subscribed and sworn to before me this 11th
day of January, 1943

Notary Public, residing at Boise Idaho

My commission expires 12-9-47
(SEAL)

Signed Norma M. Lambert
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

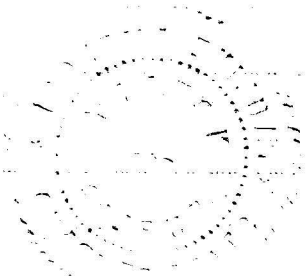
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 11 1943



296 103-001-855

CERTIFICATE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1715 N 14th St.

Registration District No. 2 File No. 8745

Hospital —

Primary Registration District No. 104 Registered No. 85

FULL NAME OF CHILD Delois Edwina Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	9 7 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William R. Brown	Ella M. Henderson
RESIDENCE	1715 N. 14th	1715 N. 14th
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	20
BIRTHPLACE	Colorado	Wis
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Tukey, Physician

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed Sept. 1, 1912 Ray McConnell D. Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

425-302-001-199

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No ____, 6th St.

Hospital ____

Registration District No 2 File No. 8746

Primary Registration District No. 104 Registered No. 89

FULL NAME OF CHILD Marie Uberuaga Uberuaga

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
F.			L.	Sept 2 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME John Uberuaga	FULL MAIDEN NAME Juanita Arriola
RESIDENCE Boise	RESIDENCE Boise
COLOR W	AGE AT LAST BIRTHDAY 28 (Years)
COLOR W	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Spain	BIRTHPLACE Spain
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) C. P. Robbins

(Physician or Midwife)

Address 219 W. S

Filed Sept 10 1912 Ray McConnell
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Baptismal Certificate

Church of St. John's Cathedral, Boise, Idaho.

The Records of this Church Certify, under date of Sept. 15th 1912

to the Baptism of Marie Uberuaga (Arriola), born Sept. 2nd 1912

of John Uberuaga and Juanita Arriola.

Said Record is signed by Rev. Bernardus Arregui

with sponsors, Joseph Uberuaga and Marie Arriola

Rev. Patrick J. O'Kelly

Church Seal Here

Date, November 13th 1939

THE A. J. ROGERS CO., CINCINNATI

MAY 1 1967

PLACE OF BIRTH
249-131-001-249

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 8747

No. 1906, N° 20 St.

Primary Registration District No. 1004 Registered No. 83

Hospital

FULL NAME OF CHILD Clarence Roy Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Aug 31, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Guy Egbert Smith	Aletha Maude Smith
RESIDENCE	1906 N° 20 Boise	1906 N° 20 " Boise
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	32
BIRTHPLACE	Iowa	Ills.
OCCUPATION	Barber	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) R. L. Glasscock

.....
(Physician or Midwife)

Address Boise

Filed Sept 10 1912 Guy M. Connell
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. U-C—Rev. 6-20-1

STATE OF IDAHO

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

691-129-001-693

County of Ada

City of Boise

No. 1521, Hill St. St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 8748

Primary Registration District No. 1004 Registered No. 82

FULL NAME OF CHILD Jesse Francisco

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M				L.	Aug. 29, 1912

FATHER		MOTHER	
FULL NAME	Jessie C Francisco	FULL MAIDEN NAME	Vida Wilson
RESIDENCE	1521 Hill Street	RESIDENCE	1521 Hill St.
COLOR		COLOR	
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	New York.	BIRTHPLACE	Iowa.
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bacik

(Physician ~~or Midwife~~)

Address Boise Ida

Given names added from a supplemental report

....., 19.....

Filed Sept. 10. 1912 Ray McConnell

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

10-6-4

APR 20 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

293-131-001-866

County of Ada

City of Boise

No. 1913, N 14 St.

Hospital

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 8749

Primary Registration District No. 1004 Registered No. 81

FULL NAME OF CHILD ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ ELDON ARTHUR MAHER KITT

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			L	Aug. 31, 1912

FATHER

FULL NAME: Arthur L. Maher.

RESIDENCE: 1913 N 14.

COLOR: W

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Iowa.

OCCUPATION: Decorator

MOTHER

FULL MAIDEN NAME: Pearl Howe.

RESIDENCE: 1913 N 14

COLOR: W

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Mont.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) on the date above stated. at 1 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bauch

(Physician or Midwife)

Address Boise Ada

Filed Sept. 10, 19 12 Amy McConnell Registrar

NAME CHANGED BY COURT ORDER
JEROME COUNTY # 2697 Mar. 13-44

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

APR 6 1944

COUNTY OF JEROME,
STATE OF IDAHO, } SS.

I, CHARLOTTE ROBERSON, Clerk of the District Court and Ex-Officio Recorder in and for the County of Jerome, State of Idaho, do hereby certify that the annexed is a full and correct copy of the original Order Authorizing Change of Name in the matter of Arthur E. Maher now on record-file in my Office, as same appears on the records of said Jerome County, State of Idaho, in ~~Book~~ ~~at Page~~ Case File No. 2697.

IN TESTIMONY WHEREOF I have set my hand and affixed my Official Seal this 13th day of March A. D., 1944

Charlotte Roberson
Clerk and Ex-Officio Recorder

By Lucile Tucker
Deputy

MAR 1 7 1944

IN THE DISTRICT COURT OF THE ELEVENTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF JEROME

IN THE MATTER OF THE APPLICATION OF ARTHUR E. MAHER	ORDER AUTHORIZING CHANGE OF NAME

The application of Arthur E. Maher for an order of this Court changing the name of the said Arthur E. Maher to Eldon Arthur Maher Kitt came on regularly to be heard this 13th day of March, 1944, and proof having been made to the satisfaction of the Court that publication of such application was made in the manner and form required by law, and no objections having been filed by any person, and the Court being satisfied that there is no reasonable objection to said change of name;

IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED That Arthur E. Maher's name be changed to Eldon Arthur Maher Kitt.

Dated this 13th day of March, 1944.

T. Bailey Lee
District Judge

Case No. 2697

DISTRICT COURT

Eleventh Judicial District

COUNTY OF JEROME,
STATE OF IDAHO

.....

.....
Plaintiff

VS

.....

.....
Defendant

Filed March 13, 1944

.....M.

Charlotte Roberson
Clerk

By Lillie Tucker
Deputy

.....
Atty. for Plaintiff

.....
Atty. for Defendant

133-101-001-445

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2702 St.

Hospital

Registration District No. 2

File No. 8750

Primary Registration District No. 1004

Registered No. 80

FULL NAME OF CHILD Arthur H. Allen III

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			L	Sept 1, 1912

FATHER		MOTHER	
FULL NAME	Arthur H. Allen	FULL MAIDEN NAME	Ethel Duncan
RESIDENCE	2702 Ada	RESIDENCE	2702 Ada
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Io.
OCCUPATION	Printer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 9.45 A.M. on the date above stated.

(Signature) Olin Davis

(Physician ~~or Midwife~~)

Address Boise Ada

Filed Sept. 10 19 12 Amy McConnell Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 24 1942

FEB 13 1975

536-129-001-455

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1303 N. 10th St.

Hospital St. Luke's

Registration District No. 2 File No. 8751

Primary Registration District No. 1009 Registered No. 79

FULL NAME OF CHILD Clarence Robert Elford

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	8 - 29 - 1912

FATHER	MOTHER
FULL NAME Clarence H. Elford	FULL MAIDEN NAME Zilla Dens
RESIDENCE 1303 N. 10th	RESIDENCE 1303 N. 10th St
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Minn	BIRTHPLACE Iona
OCCUPATION Teacher	OCCUPATION Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3-30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James L. Stewart M.D (Physician or Midwife)

Given names added from a supplemental report

9-6-, 1912

Address

Filed Sept 9 1912 Amy McConnell Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 9 1942

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Ada

1303 N. 20 St

COLOR

White

BIRTHPLACE

268-127001-286

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 8752

No. 914 Resaque St.

Primary Registration District No. 1004 Registered No. 78

Hospital St Alphonsus

FULL NAME OF CHILD Alvin Everett Boyd

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	Aug 27, 1912

	FATHER	MOTHER
FULL NAME	Alvin Everett Boyd	FULL MAIDEN NAME Marguerite Short
RESIDENCE	914 Resaque	RESIDENCE 914 Resaque
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE Kansas
OCCUPATION	Forman Davidson Fruit Co.	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4-30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) L. W. Williamson M.D.
(Physician or Midwife)

Address 824 Franklin St.

Filed Sept 7, 1912 Fay McCormick
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

RESIDENCE

BIRTHPLACE

168-230-001-255

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ____, ____ St.

Hospital St Lukes

Registration District No. 2 File No. 8753

Primary Registration District No. 1004 Registered No. 77

FULL NAME OF CHILD Bertha Augusta Johnson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	/	/	yes	Aug. 30, 1912

FATHER		MOTHER	
FULL NAME	August Johnson	FULL MAIDEN NAME	Anna Benson
RESIDENCE	Boise Idaho	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .../.....

Number of children, of this mother, now living, including present birth .../.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive by Caesarean Section, at 8.20 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCall

(Physician or Midwife)

Given names added from a supplemental report

Sept 5 1912

Address Boise Idaho

Filed Sept 5 1912 Ray McConnell

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 2 2 1976

APR 1 3 1971

413-128-001-799

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ____, ____ St.

Registration District No. 2 File No. 8754

Primary Registration District No. 1004 Registered No. 76

Hospital St. Alphonsus

FULL NAME OF CHILD Glen Burr Matthews

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
		yes	aug 28, 1912

FATHER		MOTHER	
FULL NAME	Claud E. Matthews	FULL MAIDEN NAME	Ruth Griffiths
RESIDENCE	South Boise	RESIDENCE	South Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Grand Rapids, Mich.	BIRTHPLACE	Salem Neb.
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6-45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert S. Gregory M.D.

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Sept 4 1912 Jay McConnell
Registrar

S-Y CO., 16870

MAY 9 1966

MAR 1 2 1943

MAY 7 1974

796-122-001-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ada

City of Boise

No. 922 E State St.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 8756

Hospital —

Primary Registration District No. 1004 Registered No. 74

FULL NAME OF CHILD William Albert Giffin

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M				Yes	Aug 22 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Everett D. Giffin	Kathryn O Machon
RESIDENCE	922 E State St	922 E State St
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	23
BIRTHPLACE	Neb	Texas
OCCUPATION	Salesman	Home wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Lukey

Physician

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

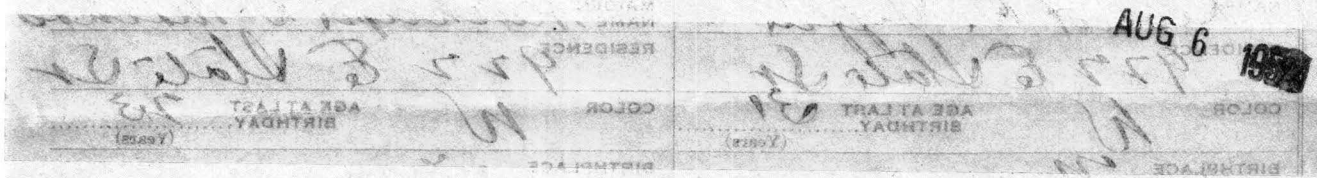
....., 19.....

Filed Sept 3 19 12 Ray McCornell D. Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326


AUG 6
1952

653-227-001-349

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ada

City of Boise

No 211 No 14 St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 2 File No. 8757

Primary Registration District No. 1004 Registered No. 73

FULL NAME OF CHILD Mildred L. Pechter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	Yes	Aug 27, 1912

	FATHER	MOTHER
FULL NAME	John A. Pechter	FULL MAIDEN NAME Florence Curris
RESIDENCE	211 No 14th	RESIDENCE 211 No 14
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	30 (Years)	28 (Years)
BIRTHPLACE	Nevada	BIRTHPLACE Canada
OCCUPATION	Draper	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Turley

Physician (Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 3 19 12 Jay McConnell S, Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

10-6-41

363-127-001-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ada

City of Boise

No 1701 No 12 St.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 2 File No. 8758

Primary Registration District No. 1004 Registered No. 72

Hospital

FULL NAME OF CHILD John Wales Collins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Aug 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wales V. Collins	Leanie E Green
RESIDENCE	1701 No 12	1701 No 12
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	29
BIRTHPLACE	N.Y.	Colo
OCCUPATION	Civil Engineer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7-P. M. on the date above stated.

(Signature) W. T. Turkey

Physician (Physician or Midwife)

Address Boise Ida

Filed Sept 3 19 12 Guy McConnel Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	

762-130-001-313

Form V. S. No. 11-C—10m-6-20

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 8759

No. ____ St.

Primary Registration District No. 1009

Registered No. 71

Hospital St. Alphonsus

FULL NAME OF CHILD Boby Grossi

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug. 30, 1912

FATHER		MOTHER	
FULL NAME	Carlos Grossi	FULL MAIDEN NAME	Lilly Calkins
RESIDENCE	311 - 9th	RESIDENCE	311 9th
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Italy	BIRTHPLACE	Iowa
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) Aug. 30, at 10:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno. R. Numbers

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed Sept. 3 1912 Jay McConnel

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 22 1971

1537-231001-042

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. [illegible]

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1227, E. Jeff St.

Registration District No. 2

File No. 8786

Primary Registration District No. 1004

Registered No. 76

Hospital

FULL NAME OF CHILD Beulah Lee McGuire

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fe			Yes	8/31/1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Allen McGuire	Ada L. McGuire
RESIDENCE	1227 E. Jeff.	1227 E. Jeff
COLOR	W.	W.
AGE AT LAST BIRTHDAY	26 (Years)	22 (Years)
BIRTHPLACE	Texas	Idaho
OCCUPATION	P. O. Clerk	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2.19 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Gillespie M.D.

Idaho Bldg

(Physician or Midwife)

Given names added from a supplemental report

Sept. 14, 1912 Address

Amy McConnell Registrar

Filed Sept 7 1912 Amy McConnell Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 6 1960

PLACE OF BIRTH

STATE OF IDAHO

CERTIFICATE OF BIRTH

814-2-01-001-666

PLACE OF BIRTH

Form V. S. No. 11-C—16m—7-12

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

8761

County of Ada

City of Boise

No 2401, Nash St.

Registration District No 2 File No. 8761

Hospital

Primary Registration District No. 1004 Registered No. 69

FULL NAME OF CHILD Mary Frances Haddock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Y	9 / 1 / 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ross B. Haddock	Hazel A. Fowler
RESIDENCE	2401 Nash	2401 Nash
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	21
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Retired	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 A. M. on the date above stated.

(Signature) Fred A Pettengill

(Physician or Midwife)

Address Talk Bldg

Filed Sept 3 1912 Amy McConnell Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 22 1952

MAY 14 1952

DECEASED

553-102-001-219

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No ____, ____ St.

Registration District No 2 File No. 8762

Hospital St Alphonsus Primary Registration District No. 1604 Registered No. 68

FULL NAME OF CHILD [illegible] Nelson (James Everett)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Y	8 2 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John a Nelson	Loy Barber
RESIDENCE	Idaho City Id	Idaho City Id
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Minn.	Mo
OCCUPATION	Electrician	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred. A Cullinger

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Taft Bldg

Filed Sept 3 1912 Ada McConnell

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MARGIN RESERVED FOR LINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

238-1 -617

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 7 File No. 8764

No. ____ St.

Primary Registration District No. 2027 Registered No. 196

Hospital ____

FULL NAME OF CHILD Girl (in 5 days)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		12	yes	9 10 1912

FATHER	MOTHER
FULL NAME Sam Schanuel	FULL MAIDEN NAME Ida Wagner
RESIDENCE Idaho Falls	RESIDENCE Idaho Falls
COLOR wht	COLOR wht
AGE AT LAST BIRTHDAY 45 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE N. Y.	BIRTHPLACE Germany
OCCUPATION Rancher	OCCUPATION Housekeeper

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (premature), at 8 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Cook

(Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report

....., 19.....

Filed 9/12 1912 H Howard

Registrar

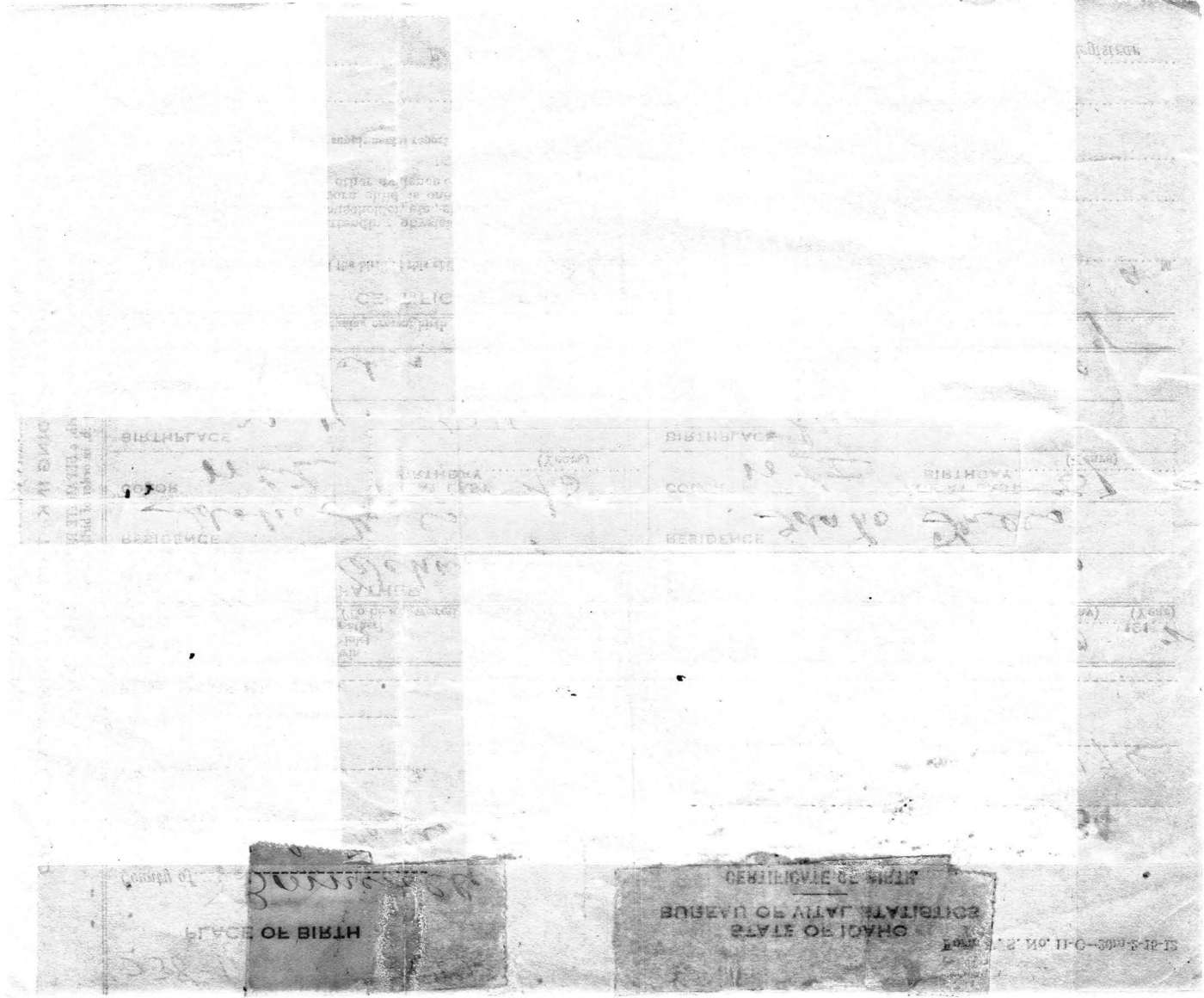
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



653-22-010-693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona *Registration District No.* 7 **File No.** 8765

No. ____ *St.*

Primary Registration District No. 2027 **Registered No.** 194

Hospital ____

FULL NAME OF CHILD Bernice Wetzel

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	1 st.	Yes	Aug. 22 1912

FATHER	MOTHER
FULL NAME: Charles W. Wetzel	FULL MAIDEN NAME: Elizabeth Williams
RESIDENCE: Iona Idaho.	RESIDENCE: Iona Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellor M.D.

Physician (Physician or midwife)

Address Idaho Falls, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 9/7 1912 W. Hammond Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1971

653-222-010-693

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No. ____ St.

Hospital ____

Registration District No. 7 File No. 8766

Primary Registration District No. 2027 Registered No. 195

FULL NAME OF CHILD Blanche Wetzel

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin (To be answered only in event of plural births)	2 nd.	Yes	Aug. 22 1912

FATHER	MOTHER
FULL NAME: Charles W. Wetzel	FULL MAIDEN NAME: Elizabeth Williams
RESIDENCE: Iona, Idaho.	RESIDENCE: Iona, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John W. Mullen, M.D.

Physician (Physician or midwife)

Address Idaho Falls, Idaho.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 9/7 19 12

J. Hermann
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 4 1971

513-213-00.

PLACE OF BIRTH

County of Bear Lake

City of Dingle

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 8767

Primary Registration District No. 2099 Registered No. 208

FULL NAME OF CHILD Gonzellah Nate

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1st	yes	Sept 13 1912

FATHER		MOTHER	
FULL NAME	W. A. Nate	FULL MAIDEN NAME	Alice G. Sparks
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	19	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Dingle	BIRTHPLACE	Dingle
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5.20 A.M. on the date above stated.

(Signature) A D Cooley

(Physician or midwife)

Address Paris Idaho

Filed Sept. 21 19 12 J. W. Hargward Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____ 19____

____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 14 12 08 PM '78

State of ..... } ss.
County of ..... }

Certificate No. 8767

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Nate (female) who was born on ~~Sept.~~ August 13, 1912
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Dingle, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by ..... prepared on ..... (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Gonzellah Nate

Subscribed and sworn to before me this 17th day of
July, 1975

Michael Caldwell

Notary Public, residing at Westmond Idaho

My commission expires Oct. 1977
(Seal)

Signed Emma M. Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of BANNOCK }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of
July, 1975

Michael Caldwell

Notary Public, residing at Westmond Idaho

My commission expires Oct. 1977
(Seal)

Signed Charles M. Nelson
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 6/16/75nm

Certif of Baptism from the LDS Church gives name as Gonzellah Nate daughter of Walton C. Nate and Alice G. ~~XXXX~~ Sparks. born Aug13, 1912 in Dingle, Idaho. Baptized Sept 11, 1920. viewed by VS

APR 4 1978

Certif of Blessing from the LDS Church gives name as Gonzellah Nate daughter of Walton C. Nate and Alice G. Sparks. born Aug 13, 1912 at Dingle, Idaho. Blessed Nov 3, 1912. viewed by V. S.

418-201-004-271

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Dingee

Registration District No. 24

File No. 8768

No. ____ St.

Primary Registration District No. 2099

Registered No. 841

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	no		yes	Sept 7 1912

FATHER		MOTHER	
FULL NAME	Edwin Dayton	FULL MAIDEN NAME	Sarah Lake
RESIDENCE	Dingee	RESIDENCE	Dingee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Dingee	BIRTHPLACE	Dingee
OCCUPATION	Farmer	OCCUPATION	None

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 29 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley McCaa

(Physician or midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....19....

Filed Sept 21 1912 J W Hayward

Registrar

....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RESIDENCE	NAME RESIDENCE
COLOR AGE AT LAST BIRTHDAY (Years)	COLOR AGE AT LAST BIRTHDAY (Years)

Dup #1912-8771A

747-203-004-389

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of St Charles — Registration District No. 24 — File No. 8769

No. ____ St. — Primary Registration District No. 2090 — Registered No. 211

Hospital ____

FULL NAME OF CHILD Leola Lillian Pugmire

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
			Yes	Sept 3 1912

FATHER	MOTHER
FULL NAME J. L. Pugmire	FULL MAIDEN NAME Ada L Christensen
RESIDENCE St Charles	RESIDENCE St Charles
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE St Charles	BIRTHPLACE Bloomington
OCCUPATION Farmer	OCCUPATION Wife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ruby M Cooley (Physician or midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept. 21, 19 12 — J. M. Hayward, Registrar

.....Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 30 1966

239-1/9 Amended 6/23/71
004-319

Form V. S. No. 11-C—2[illegible] 2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of [illegible] Registration District No. _____ File No. 8770

No. _____ St. Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Lawrence Sidney Stromberg

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	April 19, 1912

FATHER		MOTHER	
FULL NAME	Carl E. Stromberg	FULL MAIDEN NAME	Ruth Fairbrook
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Rupert
OCCUPATION	Farmer	OCCUPATION	None

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 M. on the date above stated.

(Signature) [illegible]

(Physician or midwife)

Address [illegible]

Filed Oct. 10 1912 [illegible] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

Oct 19[illegible]

[illegible] Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1971

3-17-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JUN 21 1971 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 8770

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Stromberg (Name on Original Certificate) who was born (Was Born or Died) on Sept. 25, 1912 (Date of Event)
in Raymond (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Lawrence Sidney Stromberg
Father's name	Carl E. Stromburg	Carl E. Stromberg
Birthdate	Sept. 25, 1912	Sept. 19, 1912

Subscribed and sworn to before me this 18 day of May, 19 71

Notary Public, residing at Salt Lake City, Utah
My commission expires Dec. 16, 1971
(Seal)

Signed Annie C. Stromberg (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1320 East Fifth South Salt Lake City
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 cpd rec # 11884 (S) C.C.

Certificate of Baptism and Confirmation from LDS Church, Huntsville Ward, Ogden Stake No. ? gives nameas Lawrence Stromberg son of Carl P. E. and Annie Lashbrook. Born Sept. 19, 1912 at Genva, Idaho. Was Baptized Feb. 6, 1921 by A. W. Schadi, Elder. and Confirm. Feb. 6, 1921 by Jos. L. Peterson. Signed by. Joseph L. Petersen, Bishop and H. A. Jensen, Clerk. Viewed by V. S.

JUN 24 1971

'Certificate of Blessing from LDS Church, Geneva, Idaho gives child's name as Lawrence Sidney Stromberg ason od Karl Stromberg and Anna Linna Lashbrook. Born Setp. 19, 1912 at Geneva, Idaho. Was Blessed Jan. 5, 1913 by Arnold D. Hisschi. Signed by A. D. Hisschi, Bishop and John H. Boehme, Clerk. Viewed by V. S.

418-101-004-271

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Dingle

No. ____ St.

Registration District No. ____ File No. 8771 B

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD ELDON DAYTON
(Certificate of no value without full name of child.)

Sex of Child	Twin, triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
MALE			YES	Sept. 1 1912

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Elmo Dayton	FULL MAIDEN NAME	Sarah Sparks
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Dingle	BIRTHPLACE	Dingle
OCCUPATION	Farmer	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) Ashly D. Cooley, M.D.

Paris, Idaho
(Physician or midwife)

Address ____

Filed Sept 19 1912 J. W. Hayward
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 9 1954

1912-8771A

271-115-004-444

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Dwight

No. ..... St.

Hospital .....

Form V. S. No. [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 8772

Primary Registration District No. 2099 Registered No. 224

FULL NAME OF CHILD Elwood Elmo Sparks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	April 10 1912

FATHER		MOTHER	
FULL NAME	Berteris Sparks	FULL MAIDEN NAME	Ly Dunnavick
RESIDENCE	Dwight	RESIDENCE	Dwight
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Dwight	BIRTHPLACE	Wardboro
OCCUPATION	Farming	OCCUPATION	W

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley and Eaves

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct. 9— 1912 J. A. Hayward Registrar

S-Y CO. 20174

NOV 2 1971

993-112-004-395

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bl

City of Montpelier Registration District No. 24 File No. 8773

No. ____ St. Primary Registration District No. 2098 Registered No. 226

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Sept 12 1912

FATHER		MOTHER	
FULL NAME	O. L. Richards	FULL MAIDEN NAME	Gwendolyn Lundsay
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Bennington
OCCUPATION	Range Rider	OCCUPATION	W

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

(Signature) Sally Waddoups

Montpelier (Physician or midwife)

Address Idaho

Filed Oct. 9 19 12 J. W. Lanyon Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____ 19____

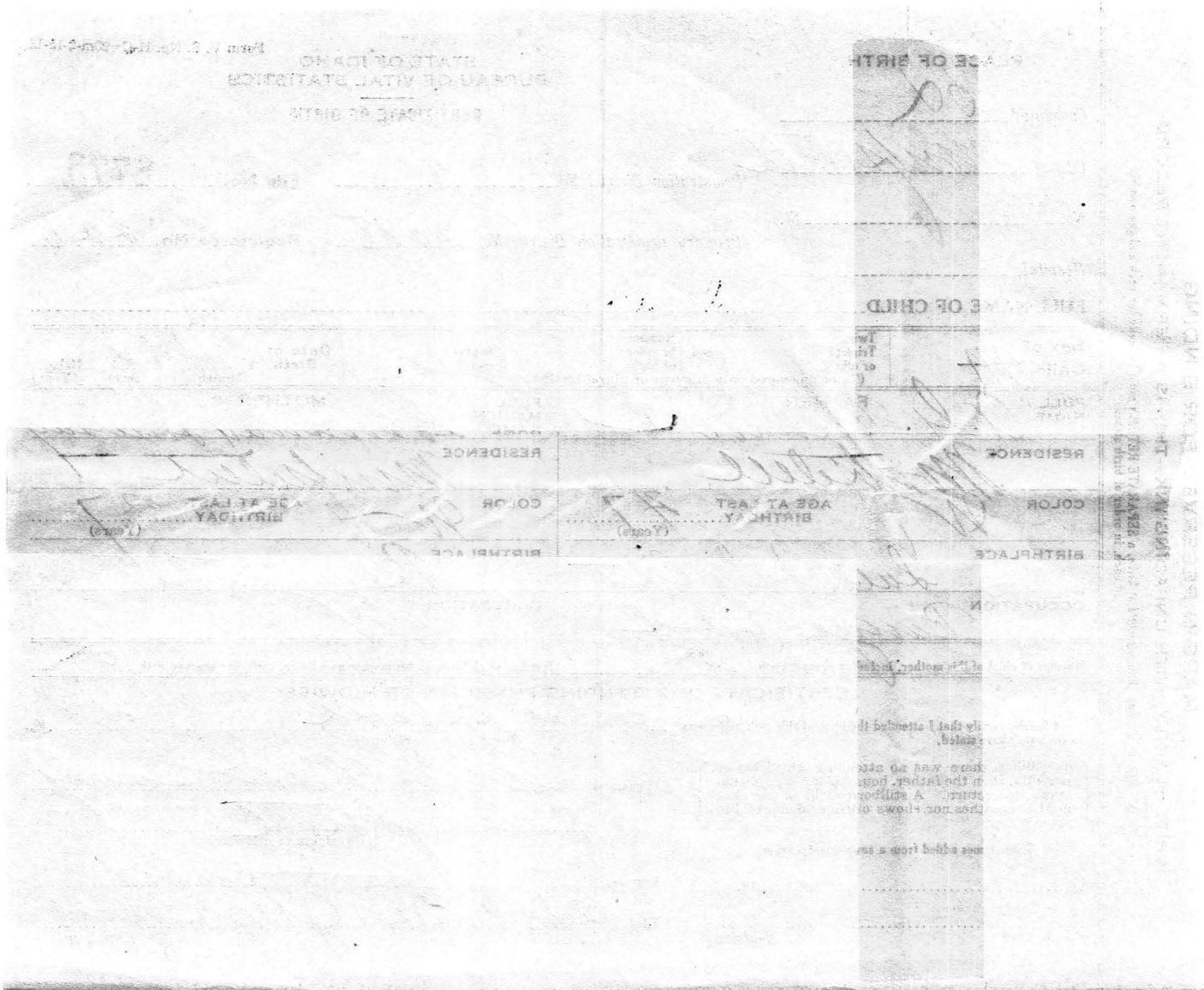
____ Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



349-104-004-944

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bl

City of Montpelier Registration District No. 24 File No. 8774

No. ____ St. Primary Registration District No. 2098 Registered No. 215

Hospital ____

FULL NAME OF CHILD Willis James Turner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Sept 4 1912

FATHER		MOTHER	
FULL NAME	W. J. Turner	FULL MAIDEN NAME	Zumbrunnen
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ill Iowa	BIRTHPLACE	Montpelier
OCCUPATION	Baker Maker	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley A. McCauley

(Physician or ~~midwife~~)

Address Montpelier and Paris

Given names added from a supplemental report

....19....

Filed Sept. 21 19 12 J. W. Hayward
Registrar

....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 6 1973

753-205-004-235

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of B L

City of Montpelier Registration District No. 24 File No. 8775

No. ..... St. Primary Registration District No. 2098 Registered No. 213

Hospital

FULL NAME OF CHILD Pearl Emma

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 191 (Year)
M		Yes	Sept 5 1912

FATHER		MOTHER	
FULL NAME	Oth Peterson	FULL MAIDEN NAME	Emma Stoffenbarn
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Logan
OCCUPATION	Baker	OCCUPATION	H

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Sept 5 1912, at 5 9 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) W. M. Cook

(Physician or midwife)

Address Montpelier and Paris

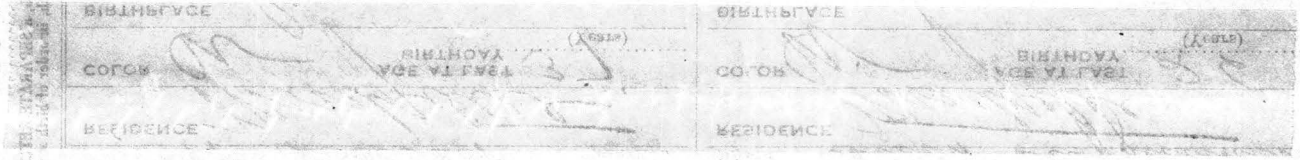
Filed Sept. 21 19 12 J. L. Hayward Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



759-104-004-751

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Registration District No. 24 File No. 8776

Primary Registration District No. 2098 Registered No. 212

FULL NAME OF CHILD Lynn Pearce Perkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Sept 4 1912

FATHER		MOTHER	
FULL NAME	Louis Perkins	FULL MAIDEN NAME	Pearce
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Montpelier
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 2 9 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Coates

(Physician or midwife)

Address Montpelier and Paris

Filed Sept. 21 19 12 J. W. Hayward Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE	

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STAT
JAN 4 12 58 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 8776

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lynn Perkins (Name on Original Certificate) who was born (Was Born or Died) on Sept. 4, 1912 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Lynn Perkins	Lynn Pearce Perkins

Subscribed and sworn to before me this 2nd day of December, 1972

Notary Public, residing at Montpelier Idaho
My commission expires 4-19-74
(Seal)

Signed Nellie Pearce Perkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of December, 1972

Notary Public, residing at Montpelier Idaho
My commission expires 4-1-74
(Seal)

Signed J. L. Freedose
(Signature of Any Credible Person)

137 N 5th Montpelier Idaho
(Street Address, City, State)

FORM DH 60-155 CL 1/13/72 ~~DH~~ ico pdvrec# 2934)

Certificate of Birth from LDS Church gives name as Lynn Pearce Perkins born Sept. 4, 1912. Father's name given as William Louis Perkins and mother's name given as Nellie B. Pearce. Entered on Record Nov 3, 1912. Viewed by V. S.

JAN 18 1973

Ins. Policy from Brotherhood of Railroad Trainmen gives name as Lynn Pearce Perkins. Dated October 1, 1936. Viewed by V. S.

354-220-004-15-4

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital ..... Not Named

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 8777

Primary Registration District No. 2098 Registered No. 232

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept 20 1912

	FATHER	MOTHER
FULL NAME	Joseph Leuschen	Nora Anderson
RESIDENCE	Geneva	Geneva
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	30
BIRTHPLACE	Paris	Paris
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Payne

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Oct. 9—1912 J. W. Hayward

..... Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)

259-229-004-252

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No ____, ____ St.

Hospital ____

FULL NAME OF CHILD Not Named

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No. 8778

Primary Registration District No. 2098 Registered No. 435

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		3	Yes	Sept 29th 1912

FATHER	MOTHER
FULL NAME LaMar Berry	FULL MAIDEN NAME Adelia Bessinger
RESIDENCE Wardboro	RESIDENCE Wardboro
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Dingle	BIRTHPLACE Providence, Utah
OCCUPATION Farmer	OCCUPATION Homewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

(Signature) L. E. Payne

(Physician or Midwife)

Address Montpelier Idaho

Filed Oct 9 1912 J. W. Langworthy

Registrar

Registrar

GYMS - YORK CO., PTRS. & BDRS. 17326

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

...SERVED FOR BINDING

DECEASED

253-229-004-266

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bo

City of Montpelier

Registration District No. 24

File No. 8779

No. ____ St.

Primary Registration District No. 2095

Registered No. 243

Hospital ____

FULL NAME OF CHILD Annie Ida Beck

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Sept 29 1912

FATHER		MOTHER	
FULL NAME	J L Beck	FULL MAIDEN NAME	Alice Mae Booth
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Bryan Utah	BIRTHPLACE	Wyo
OCCUPATION	Painter	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mabel Sanderson

(Physician or midwife) Mrs. Mabel Sanderson

Given names added from a supplemental report

....., 19.....

Address .....

Filed Oct 10 1912 J. L. Hayward

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 2 1942

845 - 123-004-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Bennington

No ....., ... St.

Hospital .....

Registration District No 24 File No. 8780

Primary Registration District No. 2097 Registered No. 233

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		4	Yes	Sept 23 1912

FATHER		MOTHER	
FULL NAME	William H. Hunter	FULL MAIDEN NAME	Ollie Bushnell
RESIDENCE	Bennington	RESIDENCE	Bennington
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Bennington	BIRTHPLACE	Devereux. Ut.
OCCUPATION	Farmer	OCCUPATION	Homewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Wagner

Mother's Uncle

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed Oct 9 1912 J. M. Hayward

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FATHER		MOTHER	
NAME		NAME	
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY	COLOR	AGE AT LAST BIRTHDAY

651-113-004-445

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Bennington

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF Idaho

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 8781

Primary Registration District No. 2097 Registered No. 231

FULL NAME OF CHILD Not Named Jesse Forrest Weaver

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		9	Yes	Sept 13 1912

FATHER	MOTHER
FULL NAME Peter W. Weaver	FULL MAIDEN NAME Maggie L. Davis
RESIDENCE Bennington	RESIDENCE Bennington
COLOR White AGE AT LAST BIRTHDAY 53 (Years)	COLOR White AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE Mellville Utah	BIRTHPLACE Mellville Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19..

(Signature) Dr. O. Gardner

Montpelier Idaho

(Physician or Midwife)

Address Montpelier Idaho

Filed Oct. 9-19 12 J. W. Hayward

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Elmore

Certificate No. 8781

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for JESSE Forrest WEAVER (Name on Original Certificate) 8781 who WAS BORN (Was Born or Died) on SEPTEMBER 13 1912 (Date of Event)
in BENNINGTON IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by L.D.S. CHURCH & INSURACE (Bible Record, Insurance Policy, Etc.) prepared on RECORDS MAY 29 1935 (CHURCH) (Give Date) are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Jesse Forrest Weaver

Policy No. 72663 OF THE BENEFICIAL INSURANCE Co. SALT LAKE CITY UTAH.

Subscribed and sworn to before me this 23rd day of September 1942

Notary Public, residing at Mt. Home Idaho

My commission expires April 15, 1946
(Seal)

Signed Emily M. Tueller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mountain Home Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Elmore

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of September 1942

Notary Public, residing at Mt. Home Idaho

My commission expires April 15, 1946
(Seal)

Signed R. E. Tueller
(Signature of Any Credible Person Other Than Previous Year)

Mountain Home Idaho
(Street Address, City, State)

SEP 24 1942

718-210-004-818

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Georgetown

No. ..... St.

Registration District No. 24 File No. 8782

Primary Registration District No. 2096 Registered No. 228

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Sept 10 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	L L Payne	Hattie Hayes
RESIDENCE	Georgetown	Georgetown
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Bloomington	Georgetown
OCCUPATION	Farmer	W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Cuthbert and Cowdy

M Hatch MD (Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed Oct. 9— 1912 J W Hayward Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

City

No.

Ward

FULL NAME OF CHILD

RESIDENCE

COLOR

BIRTHPLACE

MARGIN RESERVED - THIS IS A PERMANENT RECORD

WRITE PLAINLY. WITH UNFADING INK.

433 - 128-004-397

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No. 8783

Primary Registration District No. 2096 Registered No. 221

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug. 28, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Walter McCammon	Louisa Pippetts
RESIDENCE	Georgetown, Idaho.	Georgetown, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	24
BIRTHPLACE	Willard, Utah.	Bennington, Idaho
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 2d

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma W. Clark

Midwife (Physician or Midwife)

Address Georgetown, Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Sept 21 19 12 J. H. Hayward Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	

815 - 117-004-269

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 8784

Primary Registration District No. 2096 Registered No. 220

FULL NAME OF CHILD Glen Samuel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) July (Day) 17 (Year) 1912
Male				

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Herman Hansen	Alvina Marie Sorensen
RESIDENCE	Sandy Utah	Sandy Utah
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	18
BIRTHPLACE	Brigham City, Utah	Georgetown, Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ..... one

Number of children, of this mother, now living, including present birth .. one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive ..... at 12:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma N. Clark

Midwife
(Physician or Midwife)

Address Georgetown Idaho

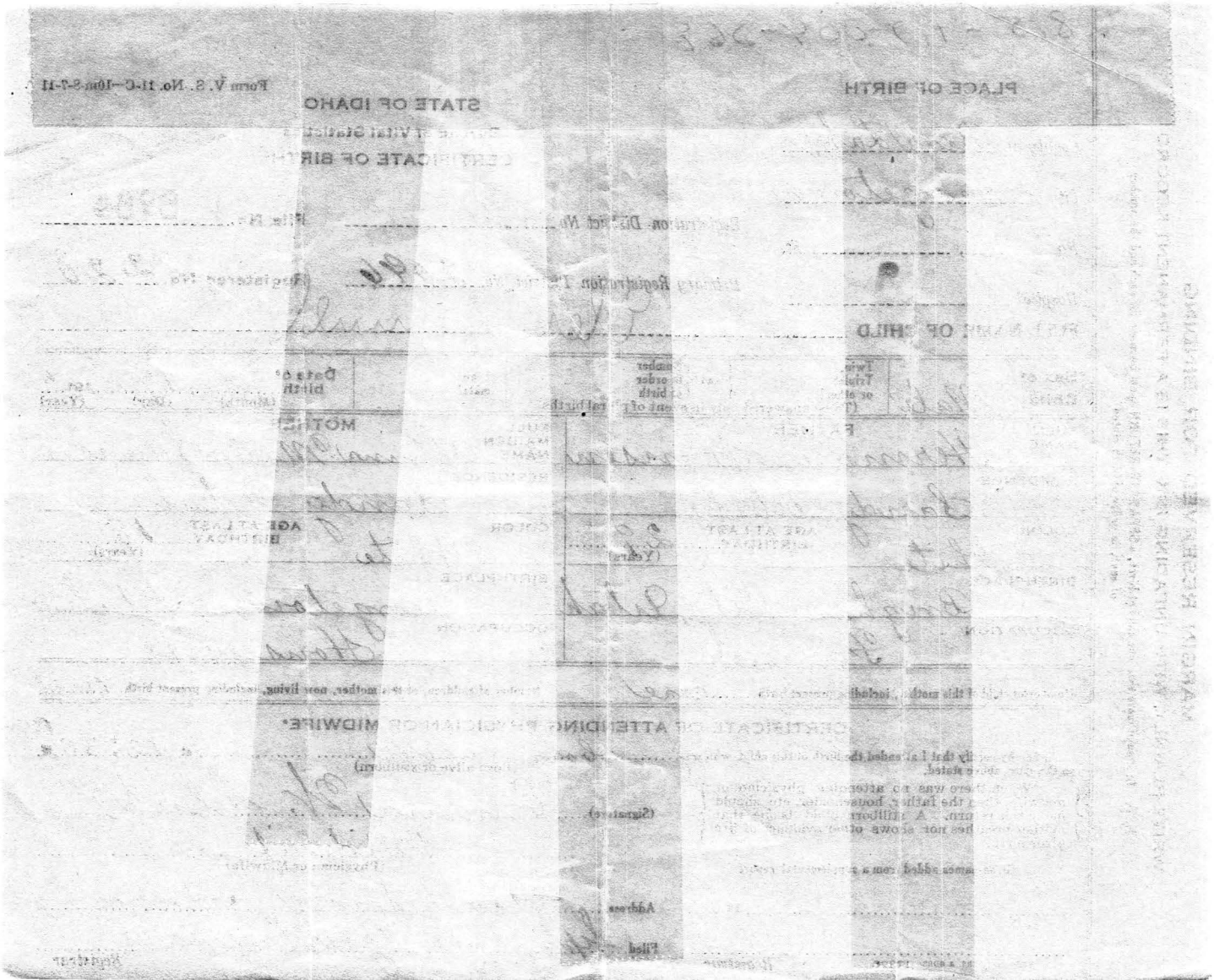
Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept. 21 19 12 J. W. Hayward Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



495-209-004-466

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Nounan

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 8785

Primary Registration District No. 2095 Registered No. 236

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		13	Yes	Sept 9 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Minnig	Elizabeth Moore
RESIDENCE	Nounan	Nounan
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	54	43
BIRTHPLACE	Switzerland	Switzerland
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 13

Number of children, of this mother, now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. (Born alive or stillborn), at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Tom Rigby

Mont Nelson Parker (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

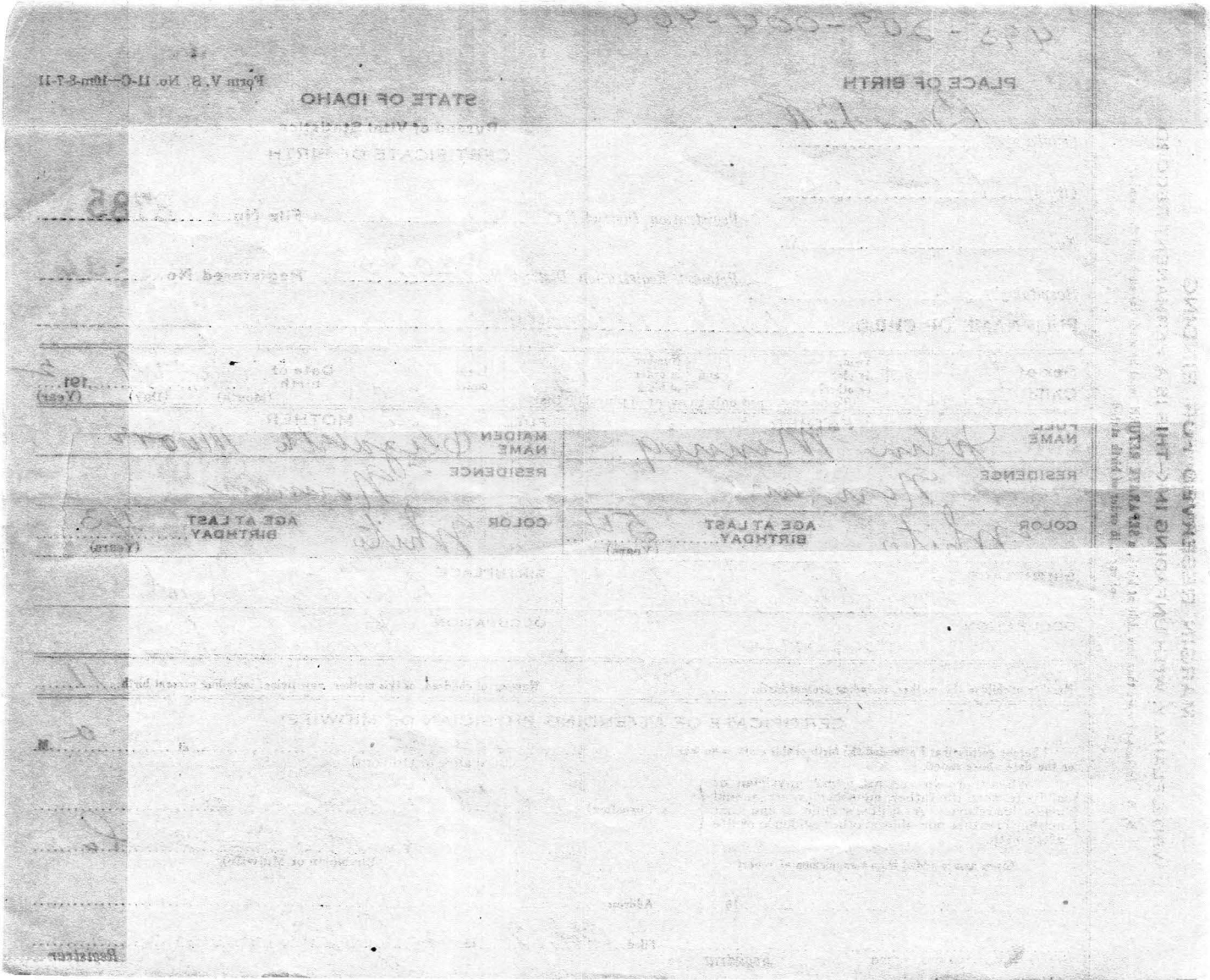
Address .....

Filed Oct. 9 - 1912 J. W. Hayward

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar



553 · 213-004-155

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Ammon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 8786

Primary Registration District No. 2095 Registered No. 237

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		9th	Yes	Sept 13 1912

FATHER		MOTHER	
FULL NAME	Jules Nelson	FULL MAIDEN NAME	Margaretta Jensen
RESIDENCE	Ammon	RESIDENCE	Ammon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Hyde Park	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A P Cooley

(Physician or midwife)

Address Paris Idaho

Filed Oct. 9 19 12 J. W. Haywood Registrar

Given names added from a supplemental report

..... 19.....

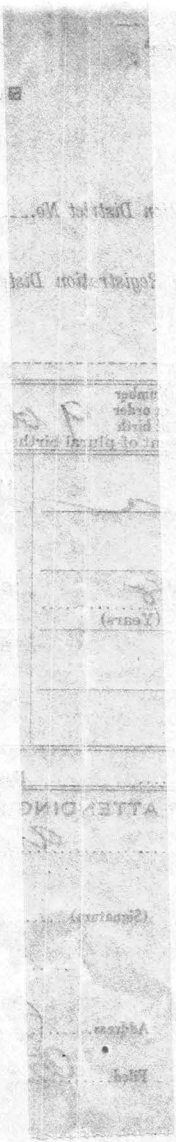
..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



396-207-004-229

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Nounan

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No. 8787

Primary Registration District No. 2095 Registered No. 229

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		10	yes	Sept 7 12

FATHER		MOTHER	
FULL NAME	Joy Crosby	FULL MAIDEN NAME	Rhoda Skinner
RESIDENCE	Nounan	RESIDENCE	Florida [illegible] Nounan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Logan. Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Oct 9 19 12 J. H. Hayward Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

	MOTHER
	MAIDEN NAME
	RESIDENCE
COLOR	AGE AT LAST BIRTHDAY

319-123-004-753

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ada

City of Boise

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 8788

Primary Registration District No. 2094 Registered No. 223

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Sept 23 1912

FATHER		MOTHER	
FULL NAME	Charles Carlson	FULL MAIDEN NAME	Eva Ellison
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Labor	OCCUPATION	W

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. M. Coody

(Physician or midwife)

Address Martindale Idaho

Given names added from a supplemental report

____ 19____

Filed Oct. 9 — 19 12 J. W. Maynard Registrar

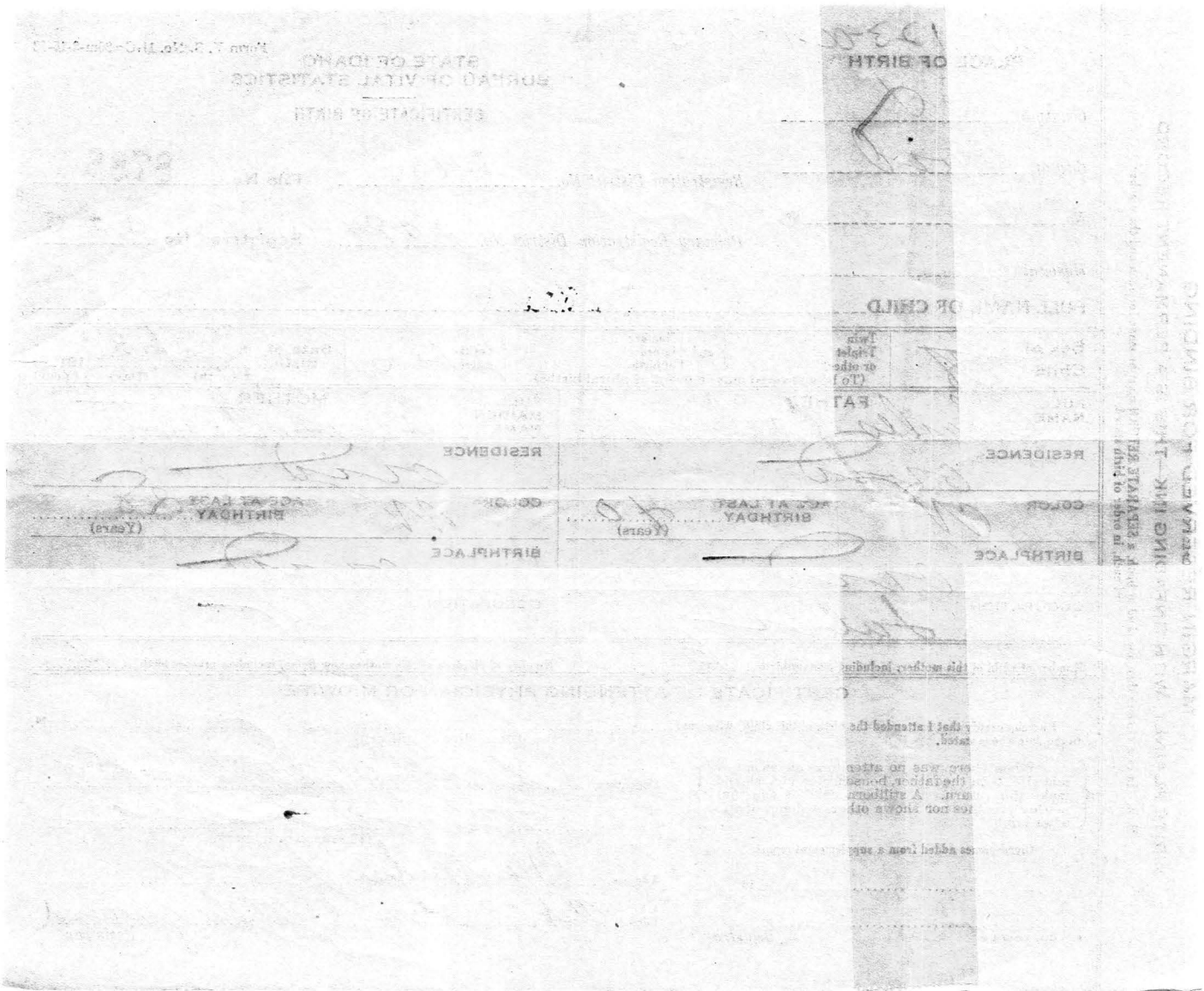
____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



155 - 119 - 004 - 884

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Ovid

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 8789

Primary Registration District No. 2094 Registered No. 222

FULL NAME OF CHILD Dean Wesley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			yes	Sept 7 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	L J Jensen	FULL MAIDEN NAME	M V Adams
RESIDENCE	Ovid	RESIDENCE	Liberty Ovid
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Ovid	BIRTHPLACE	Liberty
OCCUPATION	Farmer	OCCUPATION	H

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley Muellen

(Physician or midwife)

Address Montpelier

Given names added from a supplemental report

..... 19.....

Filed Oct 8 - 1912 J W Hayward
Registrar

..... Registrar

S-Y CO. 20174

RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	

526-106-004-712

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 8790

Registered No. 472

PLACE OF BIRTH

County of Bear Lake

City of Lanark

No. ..... St.

Hospital .....

Registration District No. 24

Primary Registration District No. 2093

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Oct 6 1912

FATHER	MOTHER
FULL NAME Culbert Edson	FULL MAIDEN NAME Inna Pesery
RESIDENCE Lanark	RESIDENCE Lanark
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE London Eng.	BIRTHPLACE Montpelier
OCCUPATION Farmer	OCCUPATION Housekeeper

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) C D Cooley

(Physician or midwife)

Address Paris Idaho

Filed Oct 9 19 12 J W Playward Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

396 - 202-004-195

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Shanon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 8791

Primary Registration District No. 2093 Registered No. 714

FULL NAME OF CHILD Agnes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Sept 2 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Williams Cassely	Ecie Ansell
RESIDENCE	Shanon	Shanon
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	37
BIRTHPLACE	Scotland	St Charles
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Williams Cassely

(Physician or midwife)

Address Montpelier and Paris

Filed Sept. 21 19 12 J. W. Hayward

Registrar

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1969

884-113-004-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bd.

City of Liberty

No. ..... St.

Hospital .....

STATE OF [redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 8792

Primary Registration District No. 2093 Registered No. 225

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	Sept 23 1912

FATHER		MOTHER	
FULL NAME	Earl Hymes	FULL MAIDEN NAME	Mrs. F. Pennock
RESIDENCE	Liberty	RESIDENCE	Liberty
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Liberty	BIRTHPLACE	Bloomington
OCCUPATION	Laborer	OCCUPATION	None

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12 M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mills and Cook

(Physician or midwife)

Address Montpelier

Given names added from a supplemental report

..... 19.....

Filed Oct. 9 19 12 J. Clay Turner Registrar

..... Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

OF CHILD

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

395-213-004-495

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 8793

Primary Registration District No. 2092 Registered No. 240

FULL NAME OF CHILD Arthur Minson Lindsay

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 7 13 1912

FATHER		MOTHER	
FULL NAME	Jasper Lindsay	FULL MAIDEN NAME	Ellen Minson
RESIDENCE	Paris Idaho	RESIDENCE	Paris Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Paris Idaho	BIRTHPLACE	Paris Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A P Cooley

(Physician or midwife)

Address Paris Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 9 1912 J W Young Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 4 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 6 10 12 AM '74

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 8793

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Lindsay (female) who was born on Sept. 13, 1912 in Paris, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... prepared on ..... are:

(Birth or Death) (Name on Original Certificate) (Was Born or Died) (Date of Event) (Place of Event) (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Arthur Minson Lindsay

Subscribed and sworn to before me this 1 day of Nov, 1974

Deane G. Humphreys

Notary Public, residing at Etna, Wyo

My commission expires Aug 14, 1978

(Seal)

Signed Katherine Lowrett Lindsay

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wyo } ss.
County of Lincoln }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day of Nov, 1974

Deane G. Humphreys

Notary Public, residing at Etna, Wyo

My commission expires Aug 14, 1978

(Seal)

Signed Robert C. Humphreys

(Signature of Any Credible Person)

Etna, Wyo

(Street Address, City, State)

FORM DH 60-155

CL 10/24/74

Certificate of Ordination to the Holy Priest hoos gives name as Arthur M. Lindsay . ~~XXX~~ Ordained at Teacher on Jan. 22, 1929. Father's name given as Jasper N. Lindsay and the mother's name as Grace Ellen Minson. born on Sept. 13, 1912. Baptized on Dec. 4, 1920. viewed by V. S.(on bakc gave middle nameas Minson)

NOV 12 1974

Insurance policy from Pennsylvainia Life Ins. Co. gives name as Arthur M. Lindsay dated 8-30-68. Policy No. 3411516. viewed by V. S.

294-126-004-453

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 8794

Primary Registration District No. 2092 Registered No. 239

FULL NAME OF CHILD THERON SIMS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Sept 26th (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	James Sims	FULL MAIDEN NAME	Rose Mullen
RESIDENCE	Garden City, Utah	RESIDENCE	Garden City
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Cooley
(Physician or midwife)

Address Paris Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 9 1912 J. W. Langworthy
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH:

Form V.S. No. 11-C 20m-8-16-12

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Salt Lake }

Certificate No. 8794

Date Filed June 17 1942

The undersigned does solemnly swear that certain facts on the certificate of ~~death~~ birth (BIRTH OR DEATH)
for Theron Sims (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept. 26, 1912 (DATE OF EVENT)
in Paris, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Continuously last (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Theron Sims
birthdate	Sept. 29, 1912	Sept. 26, 1912

Subscribed and sworn to before me this 15 day of June, 1942.

Notary Public, residing at Salt Lake City, Utah

My commission expires 11/18/43
(SEAL)

Signed Rose A Sims
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

914 - So. 8 East St - Salt Lake City, Utah
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of June, 1942.

Notary Public, residing at Salt Lake City, Utah

My commission expires 11/18/43
(SEAL)

Signed L. D. Sims
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

215 So. 3 East
(STREET ADDRESS, CITY, STATE)
Salt Lake City, Utah

Received for filing on JUN 17 1942 By
(REGISTRAR'S SIGNATURE)

JUN 2 2 1942

493-225-004-219

(Be sure the information is complete and accurate)

Amended 4-18-67

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 8795
Local Reg. No. 238
Reg. Dist. No. 24

1. PLACE OF BIRTH
a. COUNTY: Bear Lake
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Paris
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Paris
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Edna
b. (Middle):
c. (Last): Michel

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Sept. 25, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Jacob
b. (Middle):
c. (Last): Michel

8. AGE (At time of this birth): 44 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Switzerland

10. USUAL OCCUPATION: Laborer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Emma
b. (Middle):
c. (Last): Barfus

13. AGE (At time of this birth): 34 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Switzerland

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 5
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: A. D. Cooley, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Paris, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Oct. 9, 1912

22. REGISTRAR'S SIGNATURE: J.W. Hayward

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 10 1967
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 8795

Date Filed .....

The undersigned does solemnly swear that certain facts of the certificate of Birth (Birth or Death)
for Unnamed Michael (female child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 25, 1912 (Date of Event)
in Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Edna Michel
Father's Last Name	Michael	Michel

Subscribed and sworn to before me this 4 day of April, 1967

Theodore W. Jorgensen
Notary Public, residing at 2770 Fourth S.L.C. Ut.
My commission expires Feb 6 1968
(Seal)

Signed X Emma M. Biesinger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

962 Crandall Ave.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4 day of April, 1967

Theodore W. Jorgensen
Notary Public, residing at 2770 Fourth S.L.C. Ut.
My commission expires Feb 6 1968
(Seal)

Signed X Lillian Carlson
(Signature of Any Credible Person)

Salt Lake City, Utah
(Street Address, City, State)
15 Hollywood Ave.

FORM DH 60-155 CL 3-30-67. one copy pd.
(Rush for Passport)

L.D.S. Church Cert. of Birth, entered on record Nov. 3, 1912 gives full name as Edna Michel, born Sept. 25, 1912 at Paris, Idaho to Jacob Michel, Jr. and Emma Barfuss - viewed by V.S.

Statement from Leon V. Howell, Principal of Emerson School, Paris, Idaho, dated April 4, 1967 states "This is to certify that the following is taken from Emerson School Records at Paris, Idaho. Edna Michel, Daughter of Jacob and Emma Michel attended grades three to eight at Emmerson School. Edna Michel graduated May 20, 1927. The record is signed by Wilford Price, principal." - viewed by V.S.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 8795

Primary Registration District No. 2092 Registered No. 288

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept 25 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jacob Michael	Emma Barfus
RESIDENCE	Paris	Paris
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	44	34
BIRTHPLACE	Switzerland	Switzerland
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A P Coolen

(Physician or ~~midwife~~)

Address Paris Ida. R 2

Filed Oct 9—19 12 J W Lingwood Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 23 1967

APR 18 1967

493-213-004-854

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of St Charles

No. ..... St.

Hospital .....

Registration District No. 24 File No. 8796

Primary Registration District No. 2090 Registered No. 241

FULL NAME OF CHILD Erma Michaelson

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of Birth Sept (Month) 13 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Nels Michaelson	FULL MAIDEN NAME	Inga Hansen
RESIDENCE	St Charles	RESIDENCE	St Charles
COLOR	white	AGE AT LAST BIRTHDAY (Years)	44
COLOR	White	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	St Charles	BIRTHPLACE	Bear Valley Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A P Cooley (Physician or midwife)

Address Paris Idaho

Filed Oct 9 19 12 J W Langworthy Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 13 1966

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
OCT 28 1970
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 8796

Date Filed Oct. 9, 1912

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Michaelson (Name on Original Certificate) who was born (Was Born or Died) on Sept. 13, 1912 (Date of Event)
in St. Charles, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by L.D.S. Records (Bible Record, Insurance Policy, Etc.) prepared on Dec 5 - 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Erma Michaelson

Subscribed and sworn to before me this 15 day of January, 19 71
(See attached affidavit)*)

Notary Public, residing at *)

My commission expires .....
(Seal)

X Signed Lila Michaelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

*)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of January, 19 71

Notary Public, residing at Rigby, Idaho

My commission expires .....
(Seal)

Signed Lawrence E. Jones
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 9/28/70 nm MY COMMISSION EXPIRES JULY 16, 1973

Family Bible Record of Births gives name as Erma Michaelson born Sept. 13, 1912 at St. Charles, Idaho. Blessed July 27, 1913 by Bishop Albert Barrus. Viewed by V. S.

Marriage License from Idaho (file No. 58-7635) gives groom's name as Edward Vistor Monroe and brides name as Erma Michaelson Anderson/ Birthplace: St. Charles, Idaho. Dated November 1, 1958 at Idaho Falls, Idaho. Viewed by V. S.

445-104-004-699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Bennington

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No. 8797

Primary Registration District No 2097 Registered No. 216

FULL NAME OF CHILD Stanley Dunn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept 4 — 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Crandell Dunn	Ida Wright
RESIDENCE	Bennington	Bennington
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	31
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8-a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Hawley M.D.

Physician

(Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Sept 21 1912 J. H. Hayward
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DECEASED

249-111-004-747

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ——, ——— St.

Hospital ———

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

8798

Registration District No 24 File No. 8798

Primary Registration District No. 2098 Registered No. ———

FULL NAME OF CHILD Keith Morrell Burke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	Sept 11 1912

	FATHER	MOTHER
FULL NAME	Arthur M. Burke	FULL MAIDEN NAME Gertrude E. Pugmire
RESIDENCE	Montpelier	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	25
BIRTHPLACE	Nebraska	Utah
OCCUPATION	Loco. Engineer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. King M.D.

(Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Sept. 10 19 12 J. W. Hargwand
Registrar

SYMS - YORK CO., PTRS. & BDRS 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OR IDAHO

Form V. S. No. 11-C—10m 8-11

MARGIN RESERVED FOR BINDING

WHITE PAPER WITH PRINTING INK—THIS IS A PERMANENT RECORD

N. B. The name of every child at birth, a SEPARATE RETURN must be made for each child in order

Twin,
Triplet
or other?

NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY..... (Years)

AGE AT LAST BIRTHDAY..... (Years)

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

...n V. S. No. 11—10m-6-20-11

County of Fremont

City of Dubois

415 - 109-022 - 279
No. ..... St.

Registration District No. 9

File No. 8801

Primary Registration District No. 2080

Registered No. 533

Hospital .....

FULL NAME OF CHILD Raymond Ellis Davis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 9, 1912

FATHER	MOTHER
FULL NAME Raymond H Davis	FULL MAIDEN NAME Elizabeth A Sheahman
RESIDENCE Dubois	RESIDENCE Dubois
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Maryland
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 A. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Fuller
(Physician or ~~Midwife~~)

Address Idaho Falls

Given name added from a supplemental report

....., 19.....

Filed Oct 10 1912 Ray H Gustin
Registrar

S-Y CO., 16669

.....
Registrar

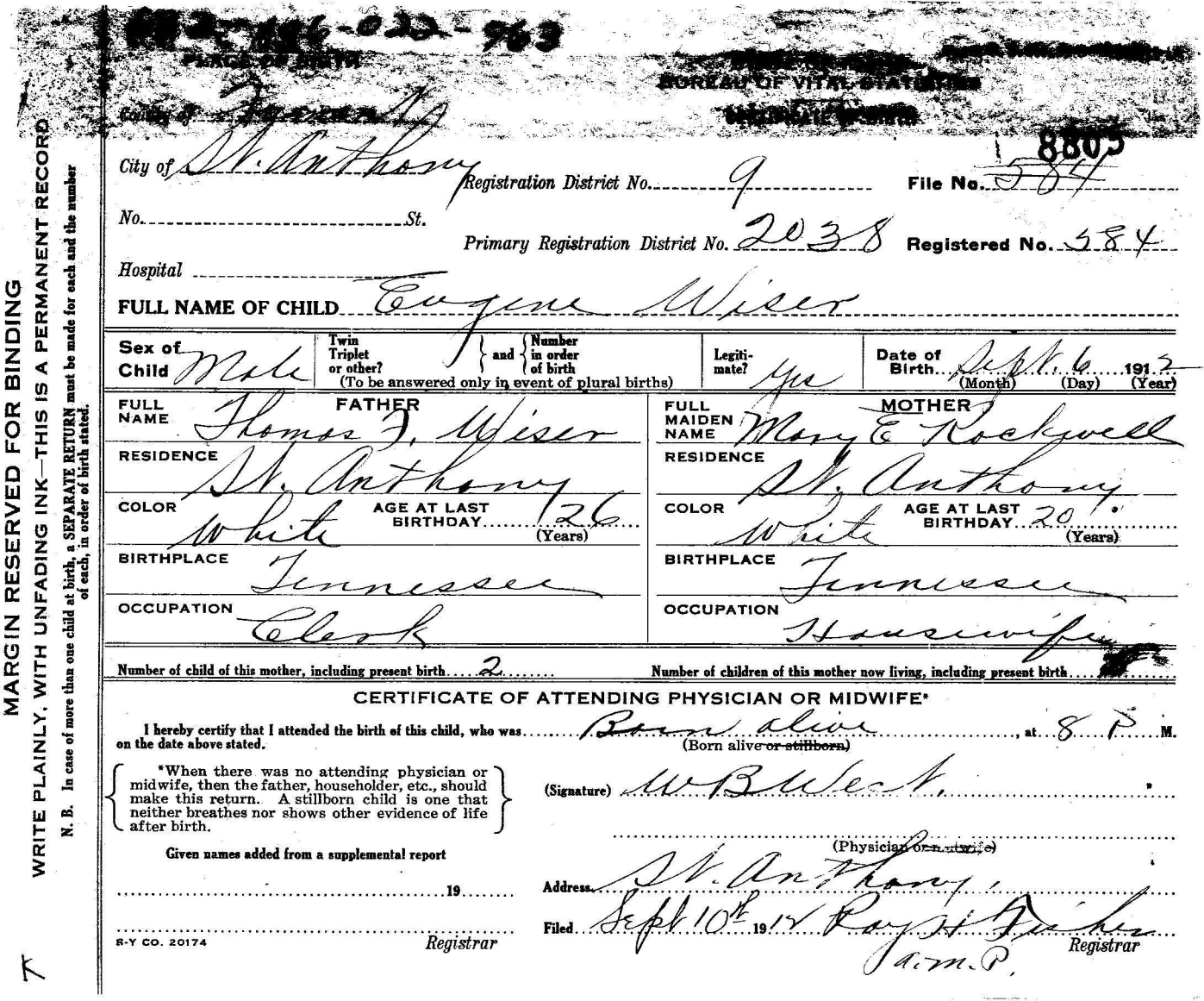
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

8801



BUREAU OF VITAL STATISTICS

City of St. Anthony Registration District No. 9 File No. 8805

No. ____ St. Primary Registration District No. 2038 Registered No. 584

Hospital ____

FULL NAME OF CHILD Eugene Wiser

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept. 6 1913

FATHER		MOTHER	
FULL NAME	Thomas J. Wiser	FULL MAIDEN NAME	Mary E Rockwell
RESIDENCE	St. Anthony	RESIDENCE	St. Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Tennessee	BIRTHPLACE	Tennessee
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~Born dead~~ Born alive (Born alive ~~or stillborn~~), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. B. West

(Physician or midwife)

Address St. Anthony

Given names added from a supplemental report

....19....

Filed Sept 10th 1913 Ray H. Parker Registrar

....Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 5 1959

PLACE OF BIRTH

County of

DECEASED

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

8806

County of Fremont

City of Parker

453-108-022-845 Registration District No. 9 File No. 586

No. St.

Primary Registration District No. 2038 Registered No. 586

Hospital Morris Frank

FULL NAME OF CHILD Monica Decker

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept. 8 1913

FATHER		MOTHER	
FULL NAME	Frank Decker	FULL MAIDEN NAME	Martha L. Hunter
RESIDENCE	Parker	RESIDENCE	Elgin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at the date above stated. 1 5.30 P. M.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or ~~midwife~~)

Address St Anthony

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Sept 10 19 14 Roy H Tucker
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 14, 1941. E.W.

367-10-8022-466

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-20m-2-16-12

County of Fremont

City of Egin

Registration District No. 9

File No. 9807

No. ..... St.

Primary Registration District No. 2038

Registered No. 587

Hospital .....

FULL NAME OF CHILD Wayne Woodson Cox

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct 3 1912

FATHER		MOTHER	
FULL NAME	Albert Cox	FULL MAIDEN NAME	Jennie Moon
RESIDENCE	Egin	RESIDENCE	Egin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or ~~stillborn~~) at 3:20 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M B Neal

(Physician or ~~midwife~~)

Address St. Anthony, Ida.

Given names added from a supplemental report

..... 19.....

Filed Oct 10 19 17 Ray Stanner

Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

25 1960

Jul 25 1960

813-120-02-296

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of St. Anthony

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 8808

Primary Registration District No. 2038 Registered No. 588

FULL NAME OF CHILD Arthur Hathaway

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Sept. 20 1912

FATHER		MOTHER	
FULL NAME	John E. Hathaway	FULL MAIDEN NAME	Anna Brazer
RESIDENCE	St. Anthony	RESIDENCE	St. Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or ~~stillborn~~), at 3 a. M. on the date above stated.

(Signature) W B West

(Physician or ~~midwife~~)

Address St. Anthony

Filed Oct 10 19 13 Ray S. Fisher Registrar

a.m.p.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 13 1942

DUP OF 12-336007

493 - 204 - 022 - 639

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8809

County of Fremont

City of St. Anthony

No. ..... St.

Registration District No. 9 File No. 589

Primary Registration District No. 2038 Registered No. 589

Hospital .....

FULL NAME OF CHILD Lucile Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct. 4 1912

FATHER		MOTHER	
FULL NAME	Frank A. Miller	FULL MAIDEN NAME	Bertha Flint
RESIDENCE	St. Anthony	RESIDENCE	St. Anthony
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Abstractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician ~~or midwife~~)

Address St. Anthony.

Given names added from a supplemental report

..... 19.....

Filed Oct. 10 1912 Ruth Fisher Registrar

..... Registrar

a. m. p.

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-32

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

299-102-022-719

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of St. Anthony

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 8810

Primary Registration District No. 2038 Registered No. 591

FULL NAME OF CHILD Thomas Red Birch

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)			Yes	Oct 2 1912

FATHER		MOTHER	
FULL NAME	David Birch	FULL MAIDEN NAME	Nancy Egan
RESIDENCE	St. Anthony	RESIDENCE	St. Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~), at 2 45a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician or ~~midwife~~)

Address St. Anthony, Ida.

Given names added from a supplemental report

..... 19.....

Filed Oct. 10 1912 Roy H. Fisher

..... Registrar

Registrar

S-Y CO. 20174

a. m. p.

Form V. S. No. 11-C—20m-2-15-32

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

245-105-022-764

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony

No. ..... St.

Hospital .....

Registration District No. 9 File No. 8811

Primary Registration District No. 2038 Registered No. 590

FULL NAME OF CHILD Francis Willson Burrell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Oct 5 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME	Joseph H Burrell	FULL MAIDEN NAME Josie Gauthier
RESIDENCE	St Anthony	St. Anthony
COLOR	White	White
AGE AT LAST BIRTHDAY	32 (Years)	22 (Years)
BIRTHPLACE	Utah	New Hampshire
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 3 [illegible] M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West [illegible]

(Physician or ~~midwife~~)

Address St. Anthony

Given names added from a supplemental report

..... 19.....

Filed Oct 10 1912 Ray H Fisher

Registrar

..... Registrar

S-Y CO. 20174

a.m.c.

APR 17 1962

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—[illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Clawson

366-115-022-863

No. ..... St.

Registration District No. 9

File No. 8812

Primary Registration District No. 2037

Registered No. 527

Hospital .....

FULL NAME OF CHILD Raymond Holyoak Lowe

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Aug. 15, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Ronald Lowe	Mabel M. Holyoak
RESIDENCE	Clawson	Clawson
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7:10 P. M. on the date above stated.

(Signature) Mrs M. E. Clark

..... (Physician or Midwife)

Address Clawson, Idaho

Filed Sept. 10. 1912 Ray H. Fisher Registrar

per BD

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

7-10-41

MAR 28 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH 295-330-022-783

Form V. S. Ph. 11—

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Victor

No. ....., ... St.

Hospital .....

Registration District No. 1

File No. 8813

Primary Registration District No. 2037

Registered No. 526

FULL NAME OF CHILD Teresa Sinclair

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
F			yes	July 30, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jessie Sinclair	FULL MAIDEN NAME	Nellie Pitts
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 10:30 P M. on the date above stated.

(Signature) Mrs O. B. Curtis

..... (Physician or Midwife)

Address Victor, Ida.

Filed Sept 19 1912 Ray H. Fisher Registrar

per B. D. F.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

449-112-022-259

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Victor

Registration District No. 4 File No. 8814

No. ....., ... St.

Primary Registration District No. 2037 Registered No. 525

Hospital .....

FULL NAME OF CHILD Russell Curtis Murdock

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—			yes	Aug. 12, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Murdock	FULL MAIDEN NAME	Ellen L. Berger
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 2:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs O. B. Curtis

(Physician or Midwife)

Address Victor, Ida.

Given name added from a supplemental report

....., 19.....

Filed Sept 10 1912 Ray H. Fairbanks

Registrar

S-Y CO., 16659

Registrar

318-223-022-619

Amended 2-19-63 (Be sure the information is complete and accurate)

State File No. 8815
Local Reg. No. 523
Reg. Dist. No. 9

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Helen
b. (Middle):
c. (Last): Taylor

4. SEX: F.

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) July (Day) 23, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Ernest
b. (Middle): J.
c. (Last): Taylor

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 35 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Leone
b. (Middle):
c. (Last): Wardrop

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 32 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
2	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: M. P. Crisler

18b. ATTENDANT AT BIRTH: M. D. [x] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Driggs, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Sept. 10, 1912

20. REGISTRAR'S SIGNATURE: Ray H. Fisher per B.D.F.

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

...in the district where the birth occurred WITHIN 10 days after the date of birth of the ... to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

Documents listed on back

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
FEB 18 1963
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 8815

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Leone Taylor (Name on Original Certificate) who was born (Was Born or Died) on July 23, 1912 (Date of Event)

in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Leone Taylor	Helen Taylor

Subscribed and sworn to before me this 11 day of February, 1963

Signed Charles V. Finnell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at San Francisco, Colo

My commission expires ..... (Seal)
My Commission Expires August 17, 1965

2466 Warren Lane, Walnut Creek, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed .....
(Signature of Any Credible Person)

Notary Public, residing at .....

My commission expires ..... (Seal)

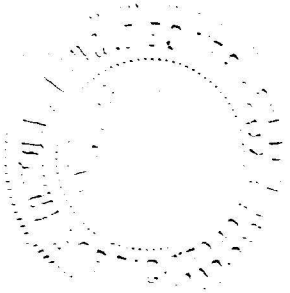
.....
(Street Address, City, State)

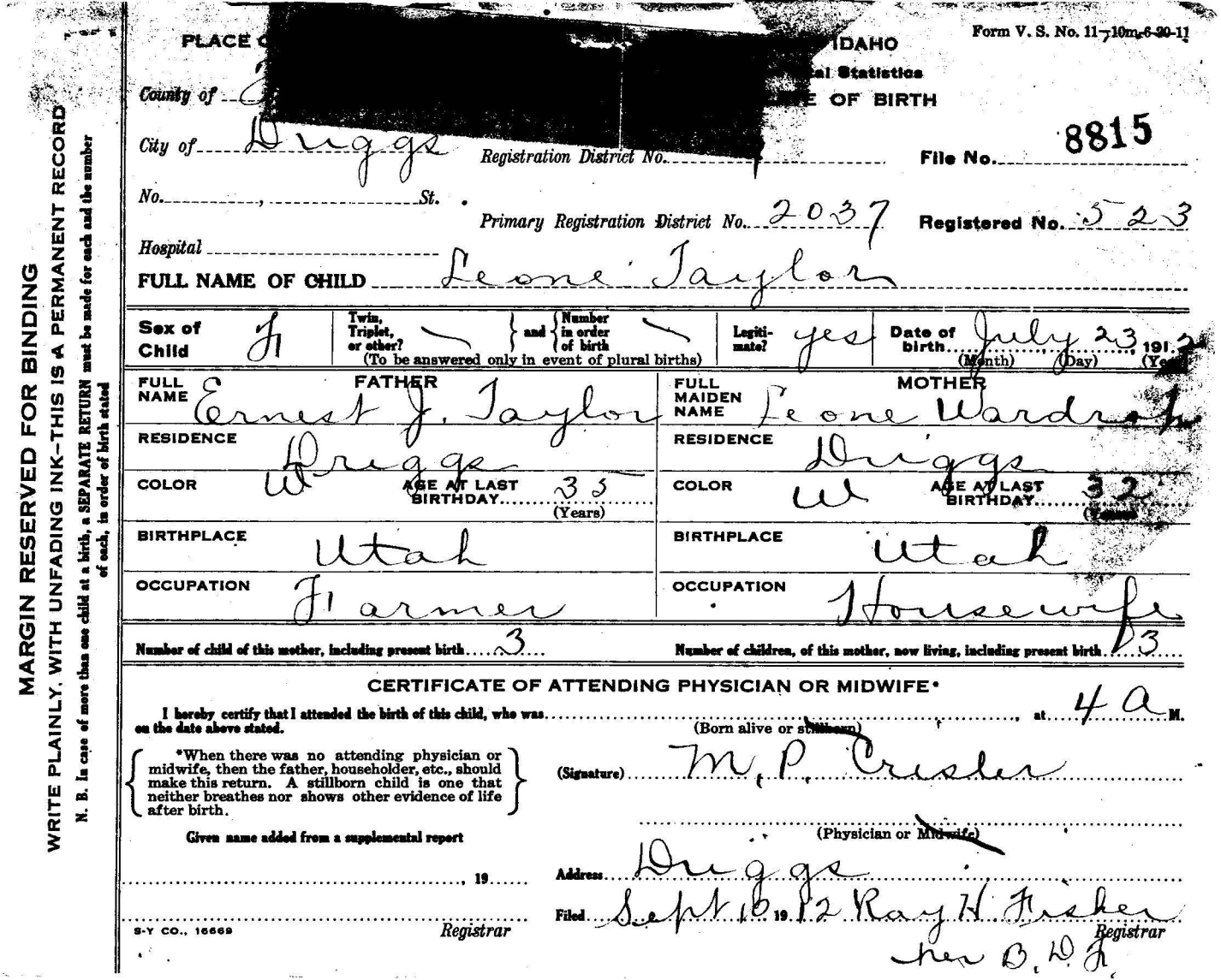
FORM DH 60-155 CL 1-30-63. one copy pd. rec. #21598.

L.D.S. Church Certificate of Blessing, Duplicate of Orr., dup. made Feb. 10, 1963 gives full name of child as Helen Taylor Finell (Finell is married name) daughter of Ernest J. Taylor and Leone Wardrop, born July 23, 1912 at Driggs, Idaho, Blessed Sept. 1, 1912 - viewed by V.S.

L.D.S. Church Certificate of Baptism and Confirmation, Duplicate of Orr., dup. made Feb. 10, 1963 Walnut Creek Ward and Stake, gives full name of child as Helen Taylor Finell (Finell is married name) daughter of Ernest J. Taylor and Leone Wardrop, born July 23, 1912 at Driggs, Idaho - Baptized Feb. 26, 1921 and Confirmed March 6, 1921 - viewed by V.S.

N. Hurley Pratt has signed the certificates as Clerk and Joseph W. Brown has signed as Bishop-Branch President -





PLACE OF [redacted] IDAHO

Form V. S. No. 11—10m—6-20-11

[redacted] Statistics

County of [redacted] OF BIRTH

City of Driggs Registration District No. File No. 8815

No. , St. Primary Registration District No. 2037 Registered No. 523

Hospital

FULL NAME OF CHILD Leone Taylor

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	July 23 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ernest J. Taylor	Leone Wardle
RESIDENCE	Driggs	Driggs
COLOR	W	W
AGE AT LAST BIRTHDAY	35 (Years)	32 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 4a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. P. Crusher

(Physician or Midwife)

Address Driggs

Given name added from a supplemental report

..... 19.....

Filed Sept 16 19 12 Ray H. Fisher Registrar

..... Registrar

per D. H. R.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 20 1963

655-123-022-386

PLACE OF BIRTH
Amended 8-21-74

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Fremont

City of Victor

Registration District No. 9

File No. 8816

No. ____, ____ St.

Primary Registration District No. 2037

Registered No. 522

Hospital

FULL NAME OF CHILD Cecil HYRUM Weekes

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Aug 23, 1912

FATHER		MOTHER	
FULL NAME	Francis E. Weekes	FULL MAIDEN NAME	Jane Thomson
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~Stillborn~~) at 4:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs O. B. Curtis

(Physician or Midwife)

Address Victor

Given name added from a supplemental report

..... 19....

Filed Sept 10 1912 Ray H. Fisher Registrar

..... Registrar

per B.D.H.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

3-14-74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAR 21 10 49 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 8816

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Cecil David Weeks (Name on Original Certificate) who was born (Was Born or Died) on August 23, 1912 (Date of Event)
in Victor, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Last name of child	Weeks	Weekes
Last name of father	Weeks	Weekes
Childs middle name	David	Hyrum

Subscribed and sworn to before me this 14th day of March, 19 74

Florence Cartright

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed Mrs. Marian Weekes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM PH-60-155

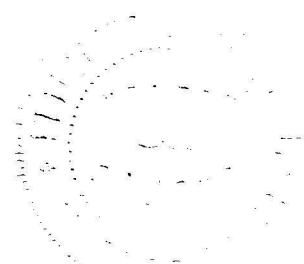
Social Security Card # 518 07 1552 issued November 1961 gives name as Cecil H. Weekes.
Viewed by V.S.

MAR 21 1974

Own childs birth certificate on file with State of Idaho gives name of father as Cecil Hyrum Weekes. Child, Hellen Jean born Feb. 14, 1938, State File # 264656.
Viewed by V.S.

(3rd document must be dated within the first year of birth to prove that child has always gone by Cecil Hyrum Weekes)

Certificate of Blessing issued by L.D.S.Church gives name as Cecil Hyrum Weekes son of Francis E. Weekes and Jane Thompson. Child born August 23, 1912 at Victor, Idaho and Blessed Oct. 6, 1912. Royal J. Wilde, Clerk.
Viewed by V.S.



459-211-022-413

PLACE OF BIRTH amended 10/29/80

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

County of Fremont

City of Cache

Registration District No. 9

File No. 8817

No. ____, ____ St.

Primary Registration District No. 2037

Registered No. 520

Hospital ____

FULL NAME OF CHILD Thelma Meikle

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Aug 11, 1912

FATHER		MOTHER	
FULL NAME	R. Gilbert Meikle	FULL MAIDEN NAME	Sophia Mack
RESIDENCE	Cache	RESIDENCE	Cache
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D Keith

(Physician or ~~Midwife~~)

Address Driggs

Given name added from a supplemental report

____, 19____

____ Registrar

Filed Sept 10 1912 Ray H Fisher Registrar
per B. D. F.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

8-13-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND ORIGINAL CERTIFICATE

RECEIVED
SEP 26 1980
Bureau of Vital Statistics

State of Idaho
County of Bingham } ss.

Certificate No. 8817
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Ora Meikle (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug. 11, 1912 (Date of Event)

in Cache (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs first name	ora	Thelma

Subscribed and sworn to before me this 12 day of Sept, 19 80

Notary Public, Julie Erickson
Residing at Idaho Falls, Id
My commission expires 7-27-82
(Seal)

+ Thelma M. Bahr
Signature of Applicant
365 Jefferson Blackfoot Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of Sept, 19 80

Notary Public, Julie Erickson
Residing at Idaho Falls Id
My commission expires 7-27-82
(Seal)

+ Verna M. Strong
Supporting Signature
395 - 12th - Idaho Falls Idaho.
Street Address, City, State

Certif of Baptism from the LDs Church gives nameas aas XX Thelma Miekle, f daughter of R. G. Meikle and Annie Sophia XXXXXXXXX Aug 11,1912w Baptized 9-449 viewedbt b VS.

NOV 3 1980

Marriage record from Utah gives name a William Ellis Bahr and bride' snme as Thelma meikle. dated Sept 18, 1934. viewed bu V.S

499-113-022-245.

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Driggs Registration District No. 9 File No. 8818

No. ____, ____ St.

Primary Registration District No. 2037 Registered No. 519

Hospital ____

FULL NAME OF CHILD Howard Driggs

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Aug 13, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Parley Driggs	FULL MAIDEN NAME	Rosa Kunz
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith

(Physician or Midwife)

Given name added from a supplemental report

____, 19____

Address Driggs

Filed Sept 18 1912 Ray H. Fisher Registrar

Registrar

S-Y CO., 16669

per B D F

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

469-213-022-755

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Driggs

Registration District No. 9 File No. 8819

No. ____, ____ St.

Primary Registration District No. 2037 Registered No. 517

Hospital

FULL NAME OF CHILD Mary Morgan

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	— (To be answered only in event of plural births)	—	yes	Aug 13 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Morgan	Isabel Penfold
RESIDENCE	Driggs	Driggs
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	49	34
BIRTHPLACE	Utah	Utah
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~born alive or stillborn~~ at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith

(Physician or ~~Midwife~~)

Address Driggs

Given name added from a supplemental report

....., 19.....

Filed Sept 10 1912 Ray H. Fisher Registrar

per B.D.F.

S-Y CO., 16669 Registrar

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

259-218-022-766

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Clawson

Registration District No. 9 File No. 8820

No. ....., ... St.

Primary Registration District No. 2037 Registered No. 509

Hospital .....

FULL NAME OF CHILD Ruth Knight

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Sept 18, 1912

FATHER		MOTHER	
FULL NAME	George Knight	FULL MAIDEN NAME	Alice Poole
RESIDENCE	Clawson	RESIDENCE	Clawson
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9:45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith

(Physician or Midwife)

Address Driggs

Given name added from a supplemental report

....., 19.....

Filed Oct 10 1912

S-Y CO., 16669

Registrar

Ray H. Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Amended 8/7/73
236 - 114
022 - 249

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 8821
Local Reg. No. 510
Reg. Dist. No. 9

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Chapin
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY:
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Chapin
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Ariel
b. (Middle): Elmer
c. (Last): Stone

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): September 14, 1912
born at 11 a.m.

FATHER OF CHILD

7. FULL NAME
a. (First): Fred
b. (Middle):
c. (Last): Stone

8. AGE (At time of this birth): 37 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Minnie
b. (Middle):
c. (Last): Smith

13. AGE (At time of this birth): 28 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Nevada

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 4
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Ora D. Keith, M.D.

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Driggs

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Oct. 10, 1912

22. REGISTRAR'S SIGNATURE: Ray H. Fisher

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 8821

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Elwin Stone (Name on Original Certificate) who was born (Was Born or Died) on September 14, 1912 (Date of Event) in Chapin, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by.....(Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Elwin Stone	Ariel Elmer Stone

Subscribed and sworn to before me this 3rd day of August 19 73

Notary Public, residing at Chugg

My commission expires 6-22-75

(Seal)

Signed Laura Byrne

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of

....., 19.....

Notary Public, residing at.....

My commission expires.....

(Seal)

Signed.....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 7-17-73 JMW/gml (S)

name: Photocopy of page from family Bible which appears old gives A. Elmer Stone born September 14, 1912 on one page, and on another page, it lists his name as Ariel E. Stone--Viewed by VS.

Photocopy of certificate of Baptism & Conf. LDS Church, baptized August 6, 1921 gives Ariel Elmer Stone son of J. Fred'k and Minerva C. Smith born in Chapin, Teton, Idaho-signed by J.F.Stone,Clerk, Chapin (birthdate is shown as 14 Sep 1912--1912 has been written over)--viewed by VS.

Own child's birth certificate on file Idaho #399311 for child born Nov. 28,1944 gives father's name as Ariel Elmer Stone--viewed by VS

photocopy of marriage certificate, Salt Lake City, UT March 31, 1937 gives name as Ariel Elmer Stone--viewed by VS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

County of Fremont

City of Chapin

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 8821

Primary Registration District No. 2037 Registered No. 510

FULL NAME OF CHILD Edwin Stone

Sex of Child	Twin, Triplet, or other?	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		yes	Sept 14, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Stone	Minnie Smith
RESIDENCE	Chapin	Chapin
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	37	28
BIRTHPLACE	Utah	Nevada
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith

(Physician or ~~Midwife~~)

Address Drugan

Given name added from a supplemental report

....., 19.....

Filed ~~Sept~~ Oct 10, 1912 Ray H. Fisher

S-Y CO., 16669 Registrar

Registrar

mh B.H.S.

AUG 7 1973

APR 13 1972

556-125-022-215

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

No. ....., ... St.

Registration District No. 9 File No. 8822

Primary Registration District No. 2039 Registered No. 546

Hospital .....

FULL NAME OF CHILD Ralph James Newby

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	Aug. (Month) 25 (Day) 191.2 (Year)

FATHER	MOTHER
FULL NAME Chas. James Newby	FULL MAIDEN NAME Agusta Sandgren
RESIDENCE Rexburg	RESIDENCE Rexburg
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
COLOR White	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE England	BIRTHPLACE Norway
OCCUPATION Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Estes

(Physician or Midwife)

Address Rexburg, Ida.

Given name added from a supplemental report

....., 19.....

Filed Oct. 10 19 12 Ray S. Hudson

Registrar

S-Y CO., 16669

Registrar

a.m.g.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 5 1953

665-118-022-314

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

No. ....., ... St.

Registration District No. 9 File No. 8823

Primary Registration District No. 2039 Registered No. 543

Hospital .....

FULL NAME OF CHILD Eddie Ray Owens

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Aug 18, 1912

FATHER	MOTHER
FULL NAME Thomas R. Owens	FULL MAIDEN NAME Mary L. Lamoreaux
RESIDENCE Teton	RESIDENCE Teton
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 47 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 a M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Lamoreaux

(~~Physician~~ or Midwife)

Address Sugar City R. F. D. 4

Given name added from a supplemental report

....., 19.....

Filed Oct 10 1912 Ray H. Gushee a. M. D.

Registrar

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Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

693 - 226-022-269

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

No. ..... St.

Registration District No. 9 File No. 8824

Primary Registration District No. 2039 Registered No. 550

Hospital

FULL NAME OF CHILD Mary Lavina Williams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female			Yes	Aug. 26, 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Frank Williams	FULL MAIDEN NAME Marion C. Sorensen
RESIDENCE Teton	RESIDENCE Teton
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Carpenter	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Sorensen

(~~Physician~~ or Midwife)

Address Teton City R. F. D. 1

Given name added from a supplemental report

....., 19.....

Filed Oct 10 1912 Ray H. Fisher Registrar

a. D. G.

S-Y CO., 16669 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 23 1970

859-111-022-793

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Roberts

Registration District No. 9

File No. 8827

No. ....., ... St.

Primary Registration District No. 2040

Registered No. 544

Hospital .....

FULL NAME OF CHILD Raymond Hatch

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug. 11, 1912

FATHER	MOTHER
FULL NAME Frank Hatch	FULL MAIDEN NAME Gertrude Gilling
RESIDENCE Roberts	RESIDENCE Roberts
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Wisconsin
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 8 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Brock

(Physician or ~~Midwife~~)

Address Roberts Ida

Given name added from a supplemental report

....., 19.....

Filed Oct. 10 1912 Roy R. Fashbaugh

Registrar

.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, A SEPARATE RETURN must be made for each and the number of each, in order of birth stated

(

693- 210-022-331

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Salem

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 8829

Registration District No. 9 File No. 570

Primary Registration District No. 2039 Registered No. 570

FULL NAME OF CHILD Ethyl Lynn Withers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 10 1912

FATHER	MOTHER
FULL NAME George Withers	FULL MAIDEN NAME Flora E. Edwards
RESIDENCE Salem	RESIDENCE Salem
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 51 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE England	BIRTHPLACE England
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 4 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Hyde

(Physician or ~~Midwife~~)

Address Rexburg Ida

Given names added from a supplemental report

....., 19.....

Filed Sept 10 1912 Ray H Evans d.m.R.

Registrar

S-Y CO. 20174

Registrar

Form V. S. No. 1HC—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

249-111-022-000

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8830

County of Fremont

City of Rexburg

No. ..... St.

Registration District No. 9 File No. 572

Primary Registration District No. 2639 Registered No. 577

Hospital

FULL NAME OF CHILD Fay Denton Smith.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	June 11 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	John Smith.	FULL MAIDEN NAME	Celia
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Logan, Utah
OCCUPATION	Carpenter.	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~) at H. O. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. E. Hyde.

(Physician or midwife)

Address Rexburg, Idaho

Filed Sept 10 1912 Ray H. Fisher. Registrar

B. W. P.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

699-112-022-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Ashton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9

Primary Registration District No. 2039

File No. 8831 561

Registered No. 561

FULL NAME OF CHILD Harold James Wright

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 12 1912

	FATHER	MOTHER
FULL NAME	James Reed Wright	FULL MAIDEN NAME Ellen Maud Danforth
RESIDENCE	Ashton	RESIDENCE Ashton
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Washington D.C.	BIRTHPLACE Illinois
OCCUPATION	Bank Cashier	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~) at 6 a. M. on the date above stated.

(Signature) K. A. Eriksen

(Physician ~~or midwife~~)

Address Ashton Ida.

Filed Oct 10 Ray H. Franklin Registrar

By A. M. P.

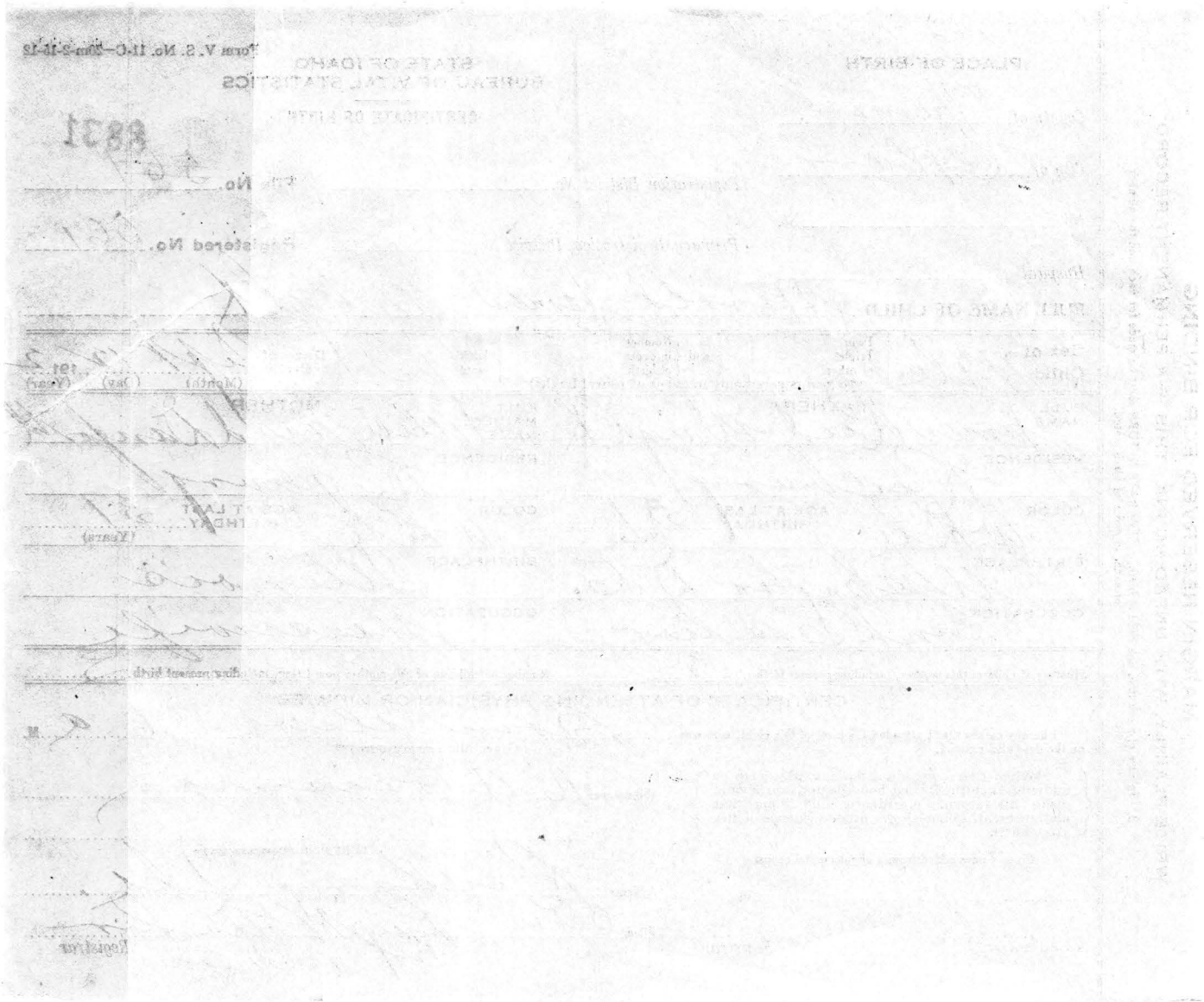
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174



791-205-022-296

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8832

County of Fremont

City of Rexburg

No. ..... St.

Registration District No. 9 File No. 562

Primary Registration District No. 2039 Registered No. 562

Hospital

FULL NAME OF CHILD Lucile Graham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 5 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Russel G. Graham	May Brown
RESIDENCE	Rexburg	Rexburg
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	20
BIRTHPLACE	Utah	Idaho
OCCUPATION	Store Dealer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. A. Crismon

(Physician or midwife)

Address Rexburg, Ida.

Given names added from a supplemental report

..... 19.....

Filed Sept 10 1912 Ryth Fuller Registrar

..... Registrar

A. M. P.

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-225-022-433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8833

County of Fremont

City of Ashton

Registration District No. 9 File No. 558

No. ____ St.

Primary Registration District No. 2039 Registered No. 558

Hospital ____

FULL NAME OF CHILD Alice Dewey

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 25 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles B. Dewey	Maggie McCulloch
RESIDENCE	Ashton	Ashton
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	42
BIRTHPLACE	Utah	Logan Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or ~~stillborn~~) at 11:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. A. Crismon

(Physician or ~~midwife~~)

Address Ashton Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 10 19 12 Ray A. Gerhart Registrar

a. m. 9.

S-Y CO. 20174

..... Registrar

136-217-022-619

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

8834

County of Fremont

City of Independence Registration District No. 9 File No.

No. , St. Primary Registration District No. 2039 Registered No. 552 445

Hospital

FULL NAME OF CHILD Delta Ray Atwood.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 17th, 1912

FATHER		MOTHER	
FULL NAME	George Atwood	FULL MAIDEN NAME	Almana Farris
RESIDENCE	Independence	RESIDENCE	Independence
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive ~~or stillborn~~), at 6.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Watts

(~~Physician or~~ Midwife)

Given name added from a supplemental report

....., 19.....

Registrar

Address

Filed Oct 10 1912 Roy H. Foster

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 2 1973

DUP OF 1912 - 6921

Dup of 1912-6921

242-121-022-381

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9 File No. 8835

Primary Registration District No. 2039 Registered No. 545

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	2nd	Yes	Aug 21, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Beesley	Alice Chloe Thorpe
RESIDENCE	Rexburg	Rexburg
COLOR	White	White
AGE AT LAST BIRTHDAY	33 (Years)	26 (Years)
BIRTHPLACE	Utah	Arizona
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. A. Crismon

(Physician or ~~Midwife~~)

Address Rexburg Idaho

Given name added from a supplemental report

____, 19____

Filed Oct 10 1912 Ray H. Fisher Registrar

____ Registrar

S-Y CO., 16669

a.m.p.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912-19976

155-211-022-819

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Registration District No. 9 File No. 8836

Primary Registration District No. 2039 Registered No. 549

Hospital .....

FULL NAME OF CHILD .....

Sex of Child Female | Twin, Triplet, or other? | and Number in order of birth | Legitimate? Yes | Date of birth Aug. 11 (Month) (Day) 191.2 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME George A Jensen	FULL MAIDEN NAME Ethel Harris
RESIDENCE Rexburg	RESIDENCE Rexburg
COLOR Half American Indian	AGE AT LAST BIRTHDAY 30 (Years)
COLOR White	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Logan Utah	BIRTHPLACE Missouri
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~) at 10:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. A. Crismon

(Physician or ~~Midwife~~)

Address Rexburg Idaho

Given name added from a supplemental report

..... 19.....

Filed Oct. 10 1912 Ray H. Fisher

S-Y CO., 16669 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

719-228-022-815

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

No. ____, ____ St.

Hospital ____

Registration District No. 9

File No. 8837

Primary Registration District No. 2039

Registered No. 548

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug 28, 1912

FATHER	MOTHER
FULL NAME: Timothy G. Jonkinson	FULL MAIDEN NAME: Hannah Hanson
RESIDENCE: Rexburg	RESIDENCE: Rexburg
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 7

Number of children, of this mother, now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive ~~or stillborn~~), at 2:45 a. M. on the date above stated.

(Signature) G. G. Eagle

(Physician or ~~Midwife~~)

Address Rexburg, Ida.

Filed Dec 10 1912 Roy A. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 18669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

249-129-022-349

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

Registration District No. 9 File No. 8838

No. ....., ... St.

Primary Registration District No. 2039 Registered No. 547

Hospital .....

FULL NAME OF CHILD Waldo Curtis Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 29, 1912

FATHER	MOTHER
FULL NAME J. R. Smith	FULL MAIDEN NAME Matilda Curtis
RESIDENCE Rexburg	RESIDENCE Rexburg
COLOR White	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Utah	COLOR White
OCCUPATION Laborer	AGE AT LAST BIRTHDAY 19 (Years)
	BIRTHPLACE Mexico
	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. A. Crisman

(Physician or ~~Midwife~~)

Address Rexburg Ida

Given name added from a supplemental report

....., 19.....

Filed Oct 10 1912 Roy H Smith A. M. R.

S-Y CO., 16669

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued Feb. 7, 1941. E.W.

893-217-022-213

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Driggs

No. ____, ____ St.

Hospital ____

Registration District No. 9 File No. 8839

Primary Registration District No. 2037 Registered No. 518

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	yes	Aug. 17, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy Hill	Bonny P. Backus
RESIDENCE	Driggs	Driggs
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	21	17
BIRTHPLACE	Utah	Ohio
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 5-25 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith

(Physician or ~~Midwife~~)

Address Driggs

Given name added from a supplemental report

____, 19____

____ Registrar

Filed Sept. 10, 1912 Ray H. Fisher Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF BIRTH

County of Fremont

City of Victor

413-110-022-219

No. ..... St.

Registration District No. 9 File No. 8840

Primary Registration District No. 2037 Registered No. 511

Hospital .....

FULL NAME OF CHILD WALLACE VERNON [illegible] MATHESON

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Sept 10, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robt. Bain MATHESON	Charlotte Raines
RESIDENCE	Victor	Victor
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	29
BIRTHPLACE	Utah	Virginia
OCCUPATION	Prop. Pool Hall	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11:25 A.M. on the date above stated.

(Signature) Ora D. Keith

(Physician or Midwife)

Address Driggs

Filed Oct 10 1912 Ray H. Fisher Registrar

per B.D.H.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

NOV 23 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oklahoma } ss.
County of Pittsburg }

Certificate No. 8840

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Wallace Vernon Matheson (Name on Original Certificate) who Was Born (Was Born or Died) on Sept. 10th 1912 (Date of Event)
in Victor, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on At time of Birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Wallace ~~Born~~ Matheson
~~Wallace Vernon Matheson~~		~~Sept 10th 1912~~
Wallace Vernon Matheson Born Sept. 10th 1912.		

Subscribed and sworn to before me this 19th
day of November, 19 42.

M. Crowder
Notary Public, residing at Crowder Okla.
My commission expires My Commission Expires Nov. 2nd 1946
(Seal)

Signed Charlotte H. Davis.
Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 182 Crowder, Okla.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oklahoma } ss.
County of Pittsburg }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th
day of November, 19 42.

M. Crowder
Notary Public, residing at Crowder, Okla.
My commission expires My Commission Expires Nov. 2nd 1946
(Seal)

Signed O. N. Davis.
(Signature of Any Credible Person Other Than Previous Year)

Crowder, Okla.
(Street Address, City, State)

NOV 25 1942

APR 5 1971

MAR 15 1971

Amended 7-27-60

PLACE OF BIRTH

553-202-022-389

County of Fremont

City of Chapin

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 8841

Primary Registration District No. 2037 Registered No. 521

FULL NAME OF CHILD Ellen Violet Nelson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	Aug. 2, 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Thomas Nelson	FULL MAIDEN NAME: Ellen Christensen
RESIDENCE: Chapin	RESIDENCE: Chapin
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) Ora D. Keith

Physician
(Physician or midwife)

Address Driggs

Filed Sept. 10, 1912 Ray H. Fisher, by B.D.F. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics

County of Oneida

CERTIFICATE OF BIRTH

City of Chapin — Registration District No. 9 — File No. 8841

No. ____, ____ St. — Primary Registration District No. 2037 — Registered No. 521

Hospital ____

FULL NAME OF CHILD Not named

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Aug 2, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Nelson	Ella Christiansen
RESIDENCE	Chapin	Chapin
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	30
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 11 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith

(Physician or Midwife)

Address Drug 92

Given name added from a supplemental report

____, 19____

Filed Sept 10 1912 Ray H. Fisher Registrar

____ Registrar

S-Y CO., 16669

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of

JUL 27 1960

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of ~~Teton~~ Bannock } ss.

Certificate No. 8811

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Nelson (Name on Original Certificate) who born (Was Born or Died) on Aug. 2, 1912 (Date of Event)
in Chapin, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ellen Violet Nelson
Mother's Maiden Name	Ella Christiansen	Ellen Christensen

Subscribed and sworn to before me this 19th day of July, 19 60
Hazel Godfrey
Notary Public, residing at Pocatello Idaho
My commission expires July 1, 1962
(Seal)

Signed Ellen Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt #1 Box 14, Victor, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of July, 19 60
Hazel Godfrey
Notary Public residing at Pocatello Idaho
My commission expires July 1, 1962
(Seal)

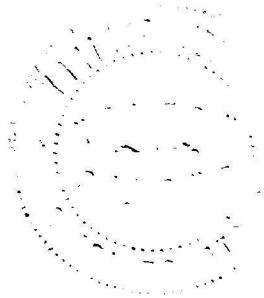
Signed Wanita Kunz
(Signature of Any Credible Person)
133 ½ E. Lander, Pocatello Ida
(Street Address, City, State)

FORM DH-60-155 CL 7-14-60. nm

L.D.S. Church Certificate of Blessing, Oct. 27, 1912 gives full name of child as Ellen Voilet Nelson, born Aug. 2, 1912 at Chapin, Idaho to Henry T. Nelson and Ellen Christensen - viewed by V.S.

L.D.S. Church Certificate of Baptism and Confirmation, June 12, 1921 gives full name of child as Ellen Violet Nelson, born Aug. 2, 1912 at Chapin, Idaho to Henry T. Nelson and Ellen Christensen - viewed by V.S.

Own Child's Birth Certificate on file, #354069 gives full maiden name of mother as Ellen Violet Nelson - viewed by V.S.



PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—Jan. 1-20-13

County [redacted]

City [redacted]

No. ....., ... St.

Primary Registration District No. 2037 Registered No. 528

Hospital .....

FULL NAME OF CHILD CLEM MACK HANSEN

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Aug 3, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ezra C. Hansen	Violette J. Hansen
RESIDENCE	Clawson	Clawson
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	34
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. M. E. Clark

(Physician or Midwife)

Address Clawson Idaho

Given name added from a supplemental report

....., 19.....

Filed Sept 10 19 12 Ray H. Fisher Registrar

.....

Registrar

per B D F

S-Y CO., 15669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

FEB 18 1942

BCT 119-022-253

Form V. S. No. 11—Rev. 6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Marysville Registration District No. 9 File No. 8843

No. ____, ____ St.

Primary Registration District No. 2038 Registered No. 504

Hospital ____

FULL NAME OF CHILD not named

Sex of Child	Twin, Triplet, or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of birth 9 (Month) 19 (Day) 12 (Year)
M			

FATHER	MOTHER
FULL NAME Ernest Cordingly	FULL MAIDEN NAME Octavia Kellar
RESIDENCE Marysville	RESIDENCE Marysville
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 1 P M. on the date above stated.

(Signature) W C Hunnell

(Physician or ~~Midwife~~)

Address Marysville Ida.

Filed Sept 10 1912 Ray W Fisher Registrar

per B D F.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____ 19____

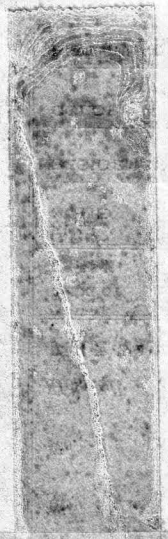
____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated



299 410 2nd 032 4653

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Fremont

City of Wilford

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 8844

Registration District No. 9 File No. 559

Primary Registration District No. 2038 Registered No. 559

FULL NAME OF CHILD SHIRLEY LOUIS BIRCH

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept 2 1912

FATHER		MOTHER	
FULL NAME	Louis Birch	FULL MAIDEN NAME	Eliza Welch
RESIDENCE	Wilford	RESIDENCE	Wilford
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A ~~stillborn~~ child is one that ~~neither breathes nor~~ shows other evidence of life after birth.

(Signature) A. Mansfield M.D.

(Physician ~~or midwife~~)

Address Rexburg, Ida.

Given names added from a supplemental report

..... 19.....

Filed Sept 10 1912 Ray A. Fisher

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

N. B.

NOV 9 1954

Amended 1-31-58

PLACE OF BIRTH

319-203-022-215

County of Fremont

City of Ashton

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 8845

Primary Registration District No. 2038 Registered No. 498

FULL NAME OF CHILD Erna Larsen
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept. 3, [illegible] 1912

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Hyrum Larsen	FULL MAIDEN NAME	Thresa Sandvand
RESIDENCE	Ashton	RESIDENCE	Ashton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Hummell

Physician
(Physician or midwife)

Address Marysville, Idaho

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed Sept. 10, [illegible] 1912 Ray H. Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County [redacted]

City of Aston

Registration District No. 9

File No. 8845

No. ____, ____

Primary Registration District No. 2038

Registered No. 1192

Hospital ____

FULL NAME OF CHILD not named

Sex of Child	Was birth single, twin, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	1	1	yes	9-3-1912

FATHER	MOTHER
FULL NAME Hyrum Larson	FULL MAIDEN NAME Theresa Sandvand
RESIDENCE Aston	RESIDENCE Aston
COLOR W. AGE AT LAST BIRTHDAY 3-6 (Years)	COLOR W. AGE AT LAST BIRTHDAY 33- (Years)
BIRTHPLACE Idaho	BIRTHPLACE Menan
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 8.00 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W C Hunnnell

Marysville (Physician or ~~Midwife~~)

Given name added from a supplemental report

____, 19____

____ Registrar

Address ____

Filed Sept 10 1912 Ray V. Fisher Registrar

Rec B.D.F.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING
WRITE LEGIBLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD
Make only such entries as are made for each and the number

FEB 3 1958

JAN 14 19[illegible]

AUG 22 1963

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 8845

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Larson (Name on Original Certificate) who born (Was Born or Died) on 9-3-1912 (Date of Event)
in Ashton (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by birth #44703 duch #151132 (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's Birthplace	Menan	Norway
Child's Name	Unnamed Larson	Erna Larsen
Father's Last Name	Larson	Larsen

Cert. of Baptism LDS Aug. 6, 1921 Viewed by v.s.

Subscribed and sworn to before me this 23 day of January, 1958.

Dwight M. Lasak
Notary Public, residing at Driggs
My commission expires 6-26-1960
(Seal)

Signed Dr. Frank C. Larsen M.D.
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

Driggs Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Teton }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of January, 1958.

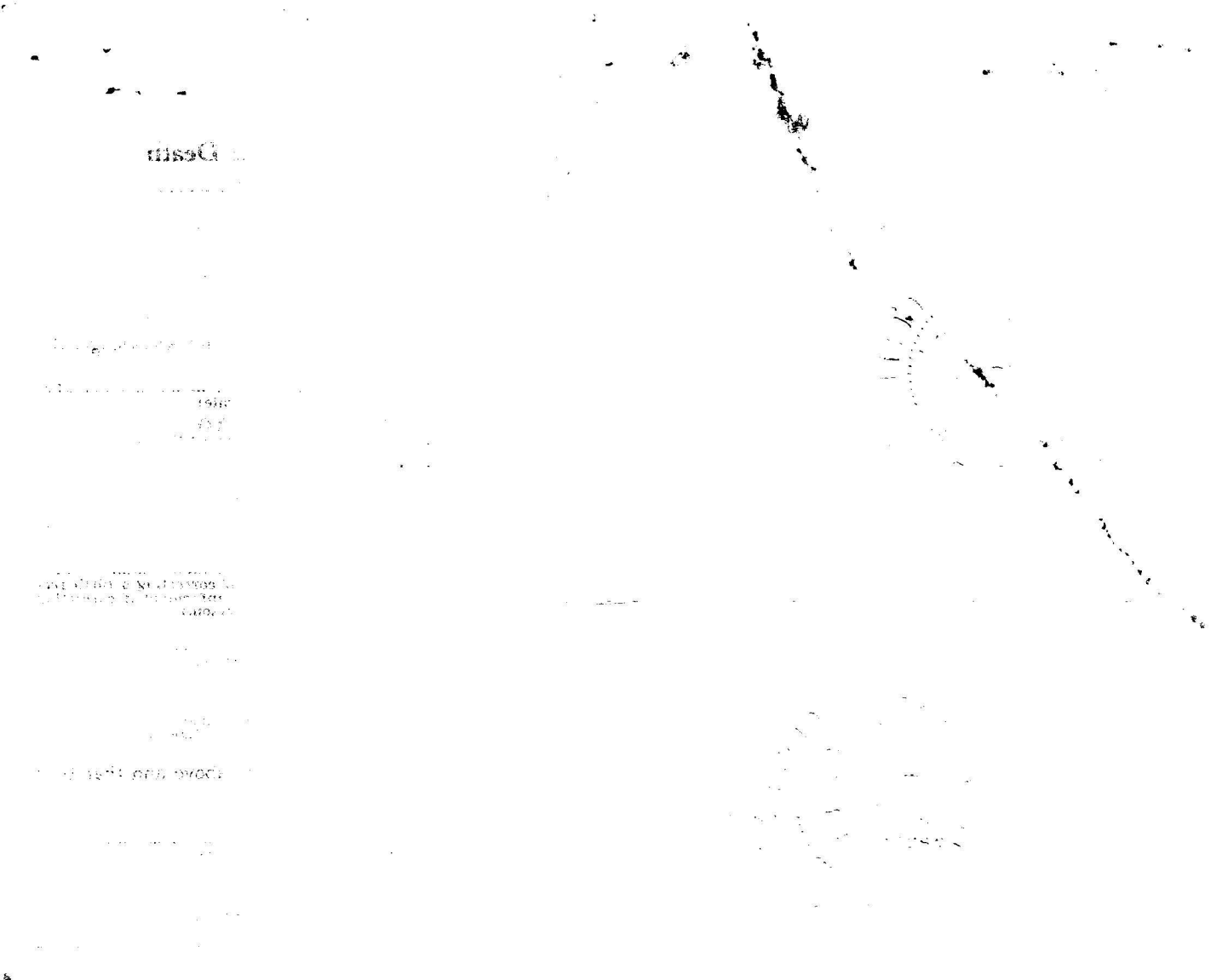
Dwight M. Lasak
Notary Public, residing at Driggs, Ida.
My commission expires 6-26-1960
(Seal)

Signed Betty June Larsen
(Signature of Any Credible Person)

Driggs, Idaho
(Street Address, City, State)

FORM DPH 55.155

1 copy Pd.



413-20-7022-48

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Fremont

City of Marysville

Registration District No. 9

File No. 8846

No. ....., ... St.

Primary Registration District No. 2038

Registered No. 300

Hospital .....

FULL NAME OF CHILD not named

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	—	9 — 1, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas T Matheson	FULL MAIDEN NAME	Ada Day
RESIDENCE	Marysville	RESIDENCE	Marysville
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 P. M.
(Born alive or ~~stillborn~~)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W C Hammell

(Physician or ~~Midwife~~)

Address Marysville

Given name added from a supplemental report

..... 19.....

Filed 9-10- 1912 Ray H. Fraher
Registrar

..... Registrar

S-Y CO., 16669

per B.O.J.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF BIRTH

Bureau of Vital Statistics

STATE OF IDAHO

962-209-022-685

PLACE OF BIRTH

AMENDED - SEPTEMBER 20, 1948

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Marysville

No. ..... St.

Hospital .....

Registration District No. 9 File No. 8847

Primary Registration District No. 2038 Registered No. 499

FULL NAME OF CHILD Venice Ruth Robinson
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	9 - 9 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER	MOTHER
FULL NAME: Elijah Robinson	FULL MAIDEN NAME: Almeda Wheeler
RESIDENCE: Badger, Idaho	RESIDENCE: Badger, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) W. C. Hummell, M. D.
(Physician or midwife)

Address Marysville, Idaho

Filed 9 - 10 1912 Ray H. Fisher Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

County of Fremont

City of Badger

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 8847

Primary Registration District No. 2038 Registered No. 499

FULL NAME OF CHILD Venice Ruth Robinson

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	—	yes	9 9 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Eliza Robinson	FULL MAIDEN NAME	Almeda Wheeler
RESIDENCE	Badger	RESIDENCE	Badger
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

(Signature) W C Hummell

(Physician or ~~Mid-wife~~)

Address Marysville

Filed 9-16 1912 Ray H. Graham Registrar

Dep. B.D.H.

S-Y CO., 16669

JUN 2 - 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Badger

Certificate No. 8847

Date Filed 9/10/12

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Venice Ruth Robinson (Name on Original Certificate) who was born (Was Born or Died) on 9/9/12 (Date of Event)
in Badger, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
fathers name	Eliza Robinson	Elijah Robinson

Subscribed and sworn to before me this 15 day of Aug., 1945
Floyd M Thurman
Notary Public, residing at Providence, Utah
My commission expires 12/20/48
(Seal)

Signed Elijah Robinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of Aug., 1945
Floyd M Thurman
Notary Public, residing at Providence, Utah
My commission expires 12/20/48
(Seal)

Signed Phebe Robinson
(Signature of Any Credible Person)

Providence Utah
(Street Address, City, State)

AUG 2 5 1948

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Cache }

Certificate No. 8847

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Sep. 9, 1912 (Birth or Death)
for Venice Ruth Robinson (Name on Original Certificate) who born (Was Born or Died) on Sep 9 1912 (Date of Event)
in Marysville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, ~~Insurance Policy, Etc.~~) prepared on Sep. 15, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Place of Birth	Badger	Marysville
Age of Mother	35	37

Subscribed and sworn to before me this 11 day of Sept 1912
Conrad Peterson
Notary Public, residing at Notary Public, Logan, Utah
My commission expires Commission Expired January 13, 1952
(Seal)

Signed Elijah Robinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Providence, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of Utah } ss.
County of Cache }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of Sept 1948
Conrad Peterson
Notary Public, residing at
My commission expires
(Seal)

Signed Phebe Robinson
(Signature of Any Credible Person)
Providence, Utah
(Street Address, City, State)

SEP 21 1948

766-117-022-431

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Marysville

No. ____, ____ St.

Hospital ____

Registration District No. 9 File No. 8848

Primary Registration District No. 3038 Registered No. 303

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	— (To be answered only in event of plural births)		—	Yes	9 17 191.2

FATHER		MOTHER	
FULL NAME	Landon Hooch	FULL MAIDEN NAME	Grace McArthur
RESIDENCE	Marysville Ida	RESIDENCE	Marysville Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Ditch Rider	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 8 10 M. on the date above stated.

(Signature) W C Hemmell

(Physician or ~~Midwife~~)

Address Marysville

Filed Oct 10 1912 Ray H. Fisher Registrar

per B.D.F.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912-343131

363-116-022-366

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

FORM V. S. NO. 11

County of Fremont

City of Rexburg — Registration District No. 9 — File No. 8849

No. ____, ____ St. — Primary Registration District No. 2039 — Registered No. 551

Hospital ____

FULL NAME OF CHILD — ACTON COCHRANE

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug. 16, 1912

FATHER

FULL NAME: George Acton Cochrane

RESIDENCE: Rexburg

COLOR: White — AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Utah

OCCUPATION: Clerk

MOTHER

FULL MAIDEN NAME: Mary Cook

RESIDENCE: Rexburg

COLOR: White — AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (~~or stillborn~~) at 1:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. A. Cochrane

(Physician or ~~Midwife~~)

Address Rexburg

Given name added from a supplemental report

....., 19.....

Registrar

Filed Oct. 1, 1912 — Roy H. Fisher, Registrar — A.M.P.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }ss.
County of Salt Lake }

Certificate No. 8849

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Acton Cochrane (Name on Original Certificate) who was born (Was Born or Died) on Aug. 16 - 1912 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record. (Bible Record, Insurance Policy, Etc.) prepared on August 16 - 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Acton Cochrane

Subscribed and sworn to before me this 6
day of April, 1942

Notary Public, residing at Salt Lake City Utah

My commission expires
(Seal)

Signed Mary Cook Cochrane
(Signature of parent or attendant if correcting a birth record; of attendant or funeral director, informant if correcting a death record; or other credible person.)

1406 So. 13th East Salt Lake City Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }ss.
County of Salt Lake }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7
day of April, 1942

Notary Public, residing at Salt Lake City

My commission expires July 13 1946
(Seal)

Signed John R. Munter
(Signature of Any Credible Person Other Than Previous Year)

282 East 4th So.
(Street Address, City, State)
Salt Lake City Utah

APR 28 1942

915-216-022-689

[redacted] C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Ryburg,

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 8850

Registration District No. 9 File No. 557

Primary Registration District No. 2039 Registered No. 557

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Sept. 16 1912

FATHER		MOTHER	
FULL NAME	John W. Randall	FULL MAIDEN NAME	Mary F. Whitaker
RESIDENCE	Ryburg	RESIDENCE	Ryburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Livery Proprietor	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~), at 5.45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. A. Crismon

(Physician or ~~mid-wife~~)

Address Ryburg, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 10 1912 Boyd Fraser Registrar

S-Y CO. 20174

a. m. P.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

99-2-28-03-2-796

Amended 6-11-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 8851
Local Reg. No. 560
Reg. Dist. No. 9

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Salem
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Salem
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Alice
b. (Middle): May
c. (Last): Rindlisbacher

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Aug. (Day) 28, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Rudolph
b. (Middle):
c. (Last): Rindlisbacher

8. AGE (At time of this birth): 37 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Switzerland

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Bertha
b. (Middle):
c. (Last): Gross

13. AGE (At time of this birth): 31 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Switzerland

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 4
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: A. Morfield

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Rexburg, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Sept. 10

22. REGISTRAR'S SIGNATURE: Ray H. Fisher by A.M.P.

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

X Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
istrict where the birth occurred WITHIN 10 days after the date of birth of the child. Address
VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO, } ss.
County of MADISON. }

Certificate No. 8851

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Rindlisbacher (female child) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 27, 1912 (Date of Event) in Salem, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Alice Marie Rindlisbacher
Child's Date of Birth	Aug. 27, 1912	August 28, 1912

Subscribed and sworn to before me this 24th day of April, 1968.

Ray W. Rigby

Notary Public, residing at Rexburg, Idaho

My commission expires 1-26-71

(Seal)

Signed Edna Rindlisbacher
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 2, Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO, } ss.
County of MADISON. }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of April, 1968.

Ray W. Rigby

Notary Public, residing at Rexburg, Idaho

My commission expires 1-26-71

(Seal)

Signed Lucile Shirley
(Signature of Any Credible Person)

296 Mohawk, Rexburg, Idaho
(Street Address, City, State)

CL 10-6-67.mm one copy pd. rec. #32799.

FORM DH 60-155

LDS Church Cert. of Blessing, Nov. 3, 1912, gives full name as Alice May Rindlisbacher, daughter of Rudolph Rindlisbacher and Bertha Gross, born August 28, 1912 at Salem, Idaho - viewed by VS.

LDS Church Cert. of Baptism and Confirmation, Dec. 11, 1920, gives full name as Alice May Rindlisbacher, daughter of Rudolph ~~and B~~- Rindlisbacher and Bertha Gross, born August 28, 1912 at Salem, Idaho - viewed by VS.

As requested in letter written May 23, 1968, by Mrs. Alice Nicholls, the full name of child is being added as Alice May Rindlisbacher - June 11, 1968.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Salem

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8851

Registration District No. 9 File No. 560

Primary Registration District No. 2039 Registered No. 560

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Rudolph Randlisbacher	Bertha Groos
RESIDENCE	Salem	Salem
COLOR / AGE AT LAST BIRTHDAY (Years)	White 37	White 31
BIRTHPLACE	Switzerland	Switzerland
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 10 A.M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morfield

(Physician or ~~midwife~~)

Address Rexburg Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 10 1912 Mary A. Thacker Registrar

S-Y CO. 20174

A. M. D.

JUN 1 1 1968

243-209-022-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Sunny Dell

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8852

Registration District No. 9 File No. 562

Primary Registration District No. 2039 Registered No. 563

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Sept 9 1912

FATHER	MOTHER
FULL NAME: Silas Kennith Bucklan	FULL MAIDEN NAME: Mary Anderson
RESIDENCE: Sunny dell	RESIDENCE: Sunny dell
COLOR: White AGE AT LAST BIRTHDAY: 27 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 50 (Years)
BIRTHPLACE: Idaho.	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife (Teacher)

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~) on the date above stated, at 3 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. A. Crismon

..... (Physician or midwife)

Address Rexburg, Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct. 10 1912 Ray H. Fisher Registrar

U. M. S.

8-Y CO. 20174

Form V. S. No. 11-1—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

239-130-022-271

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8853

Registration District No. 9 File No. 564

Primary Registration District No. 2039 Registered No. 364

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 30 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Klingler	Lena May Spaulding
RESIDENCE	Rexburg	Rexburg
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	31
BIRTHPLACE	Germany	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Hyde

(Physician or midwife)

Address Rexburg, Ida.

Given names added from a supplemental report

..... 19.....

Filed Sept 10 1912 Robt. H. Fisher Registrar

..... Registrar

Per A. M. D.

S-Y CO. 20174

593-106-022-942

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8854

Registration District No. 9 File No. 565

Primary Registration District No. 2039 Registered No. 565

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept. 6, 1912

FATHER		MOTHER	
FULL NAME	Raymond Nichols	FULL MAIDEN NAME	May Russell
RESIDENCE	Rexburg,	RESIDENCE	Rexburg,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Hyde, M.D.

(Physician ~~or midwife~~)

Address Rexburg, Ida.

Given names added from a supplemental report

..... 19.....

Filed Sept 10 1912 Roy H Fisher Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

289-214-022-867.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m, 9-15-12

PLACE OF BIRTH

County of Fremont

City of Sunnydell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 8855 566

Primary Registration District No. 2039 Registered No. 566

FULL NAME OF CHILD Velma Ann Byrne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept 14 1912

FATHER		MOTHER	
FULL NAME	James Byrne	FULL MAIDEN NAME	Mary Hopkins
RESIDENCE	Sunnydell	RESIDENCE	Sunnydell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo A Hyde

(Physician ~~or midwife~~)

Address Raphine Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 10 1912 Ray H Gushen Registrar

..... Registrar

8-Y CO. 20174

FEB 18 1954

993-102-022-195

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with unfading ink—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8856

Registration District No. 9 File No. 567

Primary Registration District No. 2039 Registered No. 567

FULL NAME OF CHILD Peter J. Ricks, Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept. 2 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter J. Ricks	Formerly Arnold
RESIDENCE	Rexburg	Rexburg
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	22
BIRTHPLACE	Idaho.	Idaho.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a. M. on the date above stated.

(Signature) Geo. B. Hyde.

(Physician or midwife)

Address Rexburg, Ida.

Filed Sept 10 1912 Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

DEC 27 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
DEC 27 9 11 AM '76
BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Madison } ss

Certificate No. 8856

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Ricks (Male) (Name on Original Certificate) who was born (Was Born or Died) on Sept 2, 1912 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church certificate of Ordination (Bible Record, Insurance Policy, Etc.) prepared on March 17 1940 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Peter Jeppesen Ricks, Jr.

Subscribed and sworn to before me this 24th day of December, 1976

Ray W. Rigby

Notary Public, residing at Rexburg, Idaho

My commission expires Life

(Seal)

Signed Father
Laurie A. Ricks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of December, 1976

Ray W. Rigby

Notary Public, residing at Rexburg, Idaho

My commission expires Life

(Seal)

Signed Weldon J. Stevens
(Signature of Any Credible Person)

Rt #1 Box 95 Rexburg Idaho 83440
(Street Address, City, State)

FORM DH 60-155

CL 12/22/76 nm

Certif of Ordination to the Holy Priesthood gives nameas Peter J. Ricks, Jr. dated May 28, 1939, father's name as Peter J. Ricks, Sr. and mother's name as Emily Arnold. born Sept. 2, 1912. Baptized Sept 4, 1920. viewed by V. S.

Minister's Certificate from Salt Lake City, Utah gives nameas Peter J. Ricks, Jr. dated Dec 3, 1934. No. 22061. viewed by V. S.

DEC 30 1976

3-35- 211-022-696

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8857

County of Fremont Amended 5/2/77

City of Ashton

Registration District No. 9 File No. 569

No. ____ St.

Primary Registration District No. 2039 Registered No. 569

Hospital ____

FULL NAME OF CHILD Geneva Lance

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 11 1912

FATHER		MOTHER	
FULL NAME	James Lance Jr.	FULL MAIDEN NAME	Alice Frodsham
RESIDENCE	Ashton	RESIDENCE	Ashton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a.m. on the date above stated.

(Signature) Geo H Hyde

(Physician or midwife)

Address Ashton, Ida

Filed Sept 10 1912 Reg H Fowler Registrar

A.M.D.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Amended 5/2/77

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington
County of King } ss.

Certificate No. 8857

RECEIVED BUREAU OF VITAL STATISTICS MAR 7 1 18 PM '77

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Vance (female) (Name on Original Certificate) who was born (Was Born or Died) on Aug 11, 1912 (Date of Event)
in Rexburg, Idaho (Madison) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Vance	Geneva Lance
father's last name	Vance	Lance

Subscribed and sworn to before me this 10 th day of March, 1977

Notary Public, residing at Seattle
My commission expires Oct. 3-1977
(Seal)

Signed Alice G Lance
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

222-Summit E. Apt 103-Seattle Wash. 98102
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of King } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 th day of March, 1977

Notary Public, residing at Seattle
My commission expires Oct. 3-1977
(Seal)

Signed Lewis J Lance
(Signature of Any Credible Person)

14051-23rd Pl. N.E. Seattle Wash. 98125
(Street Address, City, State)

FORM DH 60-155 CL 3/4/77 Under "L"

Highx s school transcript from West Seattle High school gives name as Geneva Lance parent or gaurdians name as James Lance. born Aug 11,1912. dx date od entry Sept 7, 1926. date od graduation 1930. viewed by V. S.

MAY 2 1977

Voter's registration information gives nameas Geneva Pague. dated March 8, 1956. born in Idaho. viewed by V. S.

666-202-022-468

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 8858

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 9 File No. 571

Primary Registration District No. 2039 Registered No. 571

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 2 1912

FATHER		MOTHER	
FULL NAME	James H. Woodmansee	FULL MAIDEN NAME	Elizabeth Mayes
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or ~~stillborn~~) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. E. Hyde

(Physician or ~~midwife~~)

Address Rexburg, Idaho

Filed Sept 10 1912 Ray H. Fisher
R. W. P.
Registrar

Given names added from a supplemental report

..... 19.....

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev-2-15-13

STATE OF IDAHO.
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9878

PLACE OF BIRTH

County of

281 – 103 – 022 – 994

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Lyman

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8859

Registration District No. 9 File No. ~~573~~ 5

Primary Registration District No. 2039 Registered No. 573

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 3 1912

FATHER		MOTHER	
FULL NAME	George A. Sharp	FULL MAIDEN NAME	Maud Zimmerman
RESIDENCE	Lyman	RESIDENCE	Lyman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Minnesota
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or ~~stillborn~~), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. E. Hyde

(Physician or ~~mid-wife~~)

Address Rexburg, Idaho

Filed Sept. 10 1912 Ray H. Fuhrman Registrar

B. W. P.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-19-12

3859

Day) (Year)

Years)

M.

Address

Filed 19

Registrar

BV CO 10174

662-228-022-815

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8860

County of Fremont

City of Independence. Registration District No. 9 File No. 574

No. ..... St. Primary Registration District No. 2039 Registered No. 574

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 28 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Erastus Foss	Mary Hansen
RESIDENCE	Independence	Independence
COLOR	White	White
AGE AT LAST BIRTHDAY	42 (Years)	39 (Years)
BIRTHPLACE	Utah	New York
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 1 A. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. E. Hyde

(Physician or ~~midwife~~)

Address Rexburg, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 10 1912 Ray H. Fisher
Registrar

B. W. P.

S-Y CO. 20174

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

413-128-022-962

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8861

County of Fremont

City of Rexburg

No. ..... St.

Registration District No. 9 File No. 575

Primary Registration District No. 2339 Registered No. 575

Hospital .....

FULL NAME OF CHILD ARLEN WALTER MATHEWS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 28 1912

FATHER		MOTHER	
FULL NAME	Walter J. Mathews	FULL MAIDEN NAME	Olive Robertson
RESIDENCE	Plano	RESIDENCE	Plano
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. E. Hyde

(Physician or ~~midwife~~)

Address Rexburg, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 10 1912 Ray H. Fisher Registrar

B.W.P.

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-0—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

0064

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Lemhi }

Certificate No. 8861

JAN 23 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Arlen Walter Mathews (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on July 28 1912 (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Aug 1 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Mathew	Arlen Walter Mathew
		Arlen Walter Mathews

Subscribed and sworn to before me this 20th
day of January, 19 42

Preston Thatcher
Notary Public, residing at Salmon, Idaho
My commission expires April 4, 1945
(SEAL)

Signed Walter J. Mathews
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Carmen, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lemhi }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th
day of January, 19 42

Preston Thatcher
Notary Public, residing at Salmon, Idaho
My commission expires April 4, 1945
(SEAL)

Signed Victor L. Roberton
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Salmon, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 23 1942 By
(REGISTRAR'S SIGNATURE)

JAN 28 1972

MAR 6 1972

193-217-022-456

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

[redacted] OF IDAHO
BUR[redacted] VITAL STATISTICS

Form V. S. No. 11-C—30m-2-15-12

CERTIFICATE OF BIRTH

8862

Registration District No. 9 File No. 576

Primary Registration District No. 2039 Registered No. 576

FULL NAME OF CHILD Louise Archibald

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 17 1912

FATHER		MOTHER	
FULL NAME	Robert A. Archibald	FULL MAIDEN NAME	Lois Dewsnup
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. E. Hyde

(Physician or ~~mid~~wife)

Address Rexburg Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept. 10 19 12 Ray H. Fisher Registrar

..... Registrar

R-Y CO. 20174

W. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11-7-72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
NOV 22 9 13 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 8862

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Archibald (Name on Original Certificate) who was born (Was Born or Died) on July 17, 1912 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Louise ~~Archibold~~ (Archibald)

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of
Nov, 1972

Signed James Dunn
(Signature of Any Credible Person)

Notary Public, residing at Boise, Ida-
My commission expires 6-16-73
(Seal)

1501 Chris Way Boise, Idaho
(Street Address, City, State)

FORM DH 60-155

Death notice from newspaper dated Oct. 1959. for Mrs. Emily Archibald. gives daughte
name as ~~K~~ Mrs. Louise Towle. Viewed by V. S.

NOV 29 1972

Own child's birthcertif. on file in Idaho (File No. 271219) gives child's name as
Mitzi Towle born Sept. 5, 1938.. Gives father's name as Robert Edgar Towle and
mother's maiden name as Louise Archibald. Viewed by V. S.

289 - 105-022-685

PLACE OF BIRTH

Form V. S. No. 11-S—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8863

County of Fremont

City of Sunnydell

No. ..... St.

Registration District No. 9 File No. 577

Primary Registration District No. 2039 Registered No. 577

Hospital .....

FULL NAME OF CHILD Ernest Ray Byrne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Aug. 5 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Moses Louis Byrnes	FULL MAIDEN NAME	Lina May Winter
RESIDENCE	Sunnydell	RESIDENCE	Sunnydell
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Farmer.	AGE AT LAST BIRTHDAY (Years)	34
		BIRTHPLACE	Arizona
		OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. E. Hyde

(Physician or ~~midwife~~)

Address Redburg, Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept 10 19 Ray H. Fisher
Registrar

..... Registrar

S-Y CO. 20174

B. W. P.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. [illegible]

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison

Certificate No. 8863
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or death)
for Unnamed Byrnes (Name on original certificate) who Born (Was born or died) on Aug 8, 1912 (Date of event)
in Sunnydell, Ida (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Byrnes	Ernest Ray Byrne
Birth date	Aug 8, 1912	Aug. 8th, 1912

Subscribed and sworn to before me this 29th
day of December, 1941

F. W. Smith
Notary Public, residing at Rexburg Idaho
My commission expires 1-24-42
[SEAL]

Signed Lena May Byrne
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Thornton, R.F.D. #1, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

Aug 8, 1912

297-206-022-456

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

8864

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Registration District No. 9 File No. 578

Primary Registration District No. 9039 Registered No. 578

Hospital .....

FULL NAME OF CHILD Eva Claire Bigler

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	July 6 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Roscoe Bigler	FULL MAIDEN NAME	Elsie Dunsmup.
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Teton, Idaho	BIRTHPLACE	Utah
OCCUPATION	Drug Clerk	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. E. Hyde

(Physician or ~~midwife~~)

Address Rexburg, Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept. 10 19 17 Ruby H. Fishers
Registrar

B.V.P.

S-Y CO. 20174 Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 0 1945

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8865

County of Fremont

City of Rexburg

No. 755-121-022-259 St.

Registration District No. 9

File No. 579

Primary Registration District No. 2039

Registered No. 579

Hospital

FULL NAME OF CHILD LYNN LAMAR GEE

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes	June 21 1912

FATHER	MOTHER
FULL NAME William E. Gee.	FULL MAIDEN NAME Mary E. Kerr.
RESIDENCE St. Anthony	RESIDENCE St. Anthony
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Soda, Utah	BIRTHPLACE Utah.
OCCUPATION Deputy County Clerk	OCCUPATION Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 34/a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. E. Hyde.

(Physician ~~or midwife~~)

Address Rexburg, Idaho.

Given names added from a supplemental report

.....19.....

.....Registrar

Filed Sept 10 1912 Ray H. Fisher Registrar

S-Y CO. 20174

B.W.P.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form No. 11 O—2000-2-15-12

SEP 4 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND A CERTIFICATE OF BIRTH OR DEATH

Certificate No. 9965

State of ____ } ss.
County of ____ }

Date Filed ____

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Lynn La Mar Gee (Name on Original Certificate) who Was born (Was Born or Died) on June 21st 1912 (Date of Event) in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ____ (Bible Record, Insurance Policy, Etc.) prepared on ____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamee	Lynn Lamar Gee

Subscribed and sworn to before me this 2nd day of September, 1942.

Signed Mary E. Gee
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Enos J. Merrell
Notary Public, residing at Pocatello Idaho

My commission expires July 20, 1946 (Seal)

625 N. Davis Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of August, 1942.

Signed Lilian A. Lee
(Signature of Any Credible Person Other Than Previous Year)

M. Lee
Notary Public, residing at Pocatello, Idaho

My commission expires May 10, 1945. (Seal)

406 No. Henry - Madison, Wis
(Street Address, City, State)

Mail to Lynn Lamar Gee, 625 N. Davis Pocatello Idaho

SEP 5 1942

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

46-2008-053-165

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

*County of Fremont

City of Rexburg

No. _____ St.

Hospital _____

Registration District No. 9 File No. 581

Primary Registration District No. 2039 Registered No. 220

FULL NAME OF CHILD John Waldo Morris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	June 12 (Month) (Day)

FATHER

FULL NAME Hyrum P. Morris

RESIDENCE Rexburg

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Logan, Utah.

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Myrtle Jones

RESIDENCE Rexburg

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Provo, Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 [illegible] on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. E. Hyde

(Physician ~~or midwife~~)

Address Rexburg, Idaho.

Given names added from a supplemental report

.....19.....

Filed Sept 10 19 27 Ray H. Foster
Registrar

.....
Registrar

B. W. P.

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of Blaine

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JUN 4 1965 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 8866

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Morris (male child) (Name on Original Certificate) who was born (Was Born or Died) on June 18, 1912 (Date of Event) in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	John Waldo Morris

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Box Elder } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of Sept., 1961

Lorene B. Smith
Notary Public, residing at Brigham City, Utah.
My commission expires July 8, 1962
(Seal)

Signed .....
(Signature of Any Credible Person)

Brigham City, Utah c/o First Security Bank of Utah N.A.
(Street Address, City, State)

FORM DH 60-155 CL 8-30-61. one copy pd. receipt #683.

Social Security Card, dated Jan. 5, 1937 gives full name as John Waldo, #518-09-4966 - viewed by V.S.L

L.D.S. Church Cert. of Ordination, to the Holy Priesthood as a Priest, May 3, 1931 gives full name as John Waldo Morris - viewed by V S.

JUN 30 1965

381-106-022-365

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-17

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8867

Registration District No. 9

File No. 563

Primary Registration District No. 2039

Registered No. 593

FULL NAME OF CHILD REID BETHUEL THATCHER

Sex of Child: Male	Twin, Triplet or other? (To be answered only in event of plural births): ____ and Number in order of birth: ____	Legitimate? Yes	Date of Birth: Sept 6 (Month) (Day) 1917 (Year)

FATHER	MOTHER
FULL NAME: John D. Thatcher	FULL MAIDEN NAME: Elsie E. Ross
RESIDENCE: Rexburg	RESIDENCE: Rexburg
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. A. Crismon

(Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 10 1917 Roy H. Fisher Registrar

a.m.

.....
Registrar

S-Y CO. 2-7174

Form V.S. No. U.C. ...

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Weber }

Certificate No. 8867

JAN 29 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) for Reid Bethuel Thatcher (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Sept. 6 1912 (DATE OF EVENT) in Rexburg Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Sept 12. 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Thatcher	Reid Bethuel Thatcher
None	Reid B. Thatcher	

Subscribed and sworn to before me this 28th day of Jany., 1942

David M. Shaw

Notary Public, residing at Ogden Utah

My commission expires June 19 - 1942

Signed D. B. Thatcher Jr.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

R.F.D. 4 Ogden Utah
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of Jan., 1942

David M. Shaw

Notary Public, residing at Ogden Utah

My commission expires June 19 - 1942

Signed Gilbert Thatcher
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

508 - 27 St Ogden Utah
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 29 1942 By
(REGISTRAR'S SIGNATURE)

FEB 4 1942

AUG 28 1942

DEC 20 1943

396-213-022-963

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. [illegible]

CERTIFICATE OF BIRTH

8868

County of Fremont

City of Rexburg

Registration District No. 9

File No. 585

No. ____ St.

Primary Registration District No. 2039

Registered No. 585

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	June 13 1912

FATHER		MOTHER	
FULL NAME	George Crosby	FULL MAIDEN NAME	Vern F. Rochette
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iceland	BIRTHPLACE	Minnesota
OCCUPATION	Dry goods Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo E Hyde

(Physician or ~~midwife~~)

Address Rexburg Ida

Given names added from a supplemental report

..... 19.....

Filed Sept 10 1912 Roy H. Fuss

Registrar

..... Registrar

a.m.p.

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

DUP OF 1912-49730

CROLY

893-117-022-869

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

8869

County of Fremont

City of Thornton

No. ..... St.

Registration District No. 9 File No. 581

Primary Registration District No. 2039 Registered No. 581

Hospital .....

FULL NAME OF CHILD Cloy Lester Hill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 17 1912

FATHER		MOTHER	
FULL NAME	John Elmer Hill	FULL MAIDEN NAME	Dena Housinger
RESIDENCE	Thornton	RESIDENCE	Thornton
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Joplin, Mo.	BIRTHPLACE	Curtis Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 A. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. E. Hyde
(Physician or midwife)

Address Redburg, Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept 10 1912 Ray H. Fisher
B.V.S. Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

Certificate No. 8869

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for baby Hill (Name on Original Certificate) who born June 17 1917 (Was Born or Died) on June 17, 1917 (Date of Event)
in Thornton Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Aug 17, 1917 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Cloy Lester Hill

Subscribed and sworn to before me this 18
day of March, 1942

Signed Mrs. Dena Hill (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Pocatello

My commission expires July 20, 1942
(Seal)

149 South Main St
(Street Address, City, State)
Pocatello Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

My commission expires
(Seal)

(Street Address, City, State)

MAY 4 1942

MAY 7 1942

MAR 1 4 1974

313-215-022-369

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9 File No. 8870

Primary Registration District No. 2040 Registered No. 506

FULL NAME OF CHILD Shirley Later

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Sept. 15, 191?

FATHER	MOTHER
FULL NAME Lawrence Later	FULL MAIDEN NAME Mabel Condon
RESIDENCE Rigby	RESIDENCE Rigby,
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
COLOR White	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho.
OCCUPATION Farmer.	OCCUPATION Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~) at 6:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer M.D.

(Physician or ~~Midwife~~)

Address Rigby Ida.

Given name added from a supplemental report

..... 19....

Filed Oct 10 19 12 Ray H. Fisher Registrar

..... Registrar

per B.D.F.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 7 - 1954

919-111-02-459

PLACE OF BIRTH

Form V. S. No. M-10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 8871

County of Fremont

City of Annis

Registration District No. 9

No. ____, ____ St.

Primary Registration District No. 2040

Registered No. 507

Hospital ____

FULL NAME OF CHILD Wayne Sylvenus Rainey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept. 11, 191.2

FATHER	MOTHER
FULL NAME Roy Sylvanus Rainey	FULL MAIDEN NAME Ida Sophia Deroche
RESIDENCE Annis	RESIDENCE Annis
COLOR White	AGE AT LAST BIRTHDAY 19 (Years)
COLOR White	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 a. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer M.D.

(Physician or ~~Midwife~~)

Address Rigby, Ida.

Given name added from a supplemental report

....., 19.....

Filed Oct 10, 1912 Ray W. Fisher Registrar

S-Y CO., 16669 Registrar

per B.D.F.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 13 2 13 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 8871

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Rainey (Male) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 11, 1912 (Date of Event)

in Annis, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Rainey	Wayne Sylvenus Rainey

Subscribed and sworn to before me this 13 day of November, 1974

"Grace" Nora Lowe

Notary Public, residing at Boise, Id.

My commission expires Sept. 18, 1977

(Seal)

Signed Lonna W Rainey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 3 Box 3308 Nampa Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 1/29/74 nm

Own childs birth certificate Dee Ann Iona Rainey born March 7, 1957 at Emmett, Idaho, State file # 57-3156 gives fathers name as Wayne Sylvenus Rainey.
Viewed by VS

Social Security Card # 519-40-1883 Wayne Rainey - Form OA-702 Rev.1-52
Viewed by VS

Family Record - wifes family gives marriage of Wayne Sylvenue Rainey and Iona Alice Smothers married Nov. 2, 1939, new Court House Burley, Viewed by VS (Idaho)

NOV 13 1974

412-210-022-213

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-17

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

8872

County of Fremont

City of Lorenzo

No. ____, ____ St.

Hospital ____

Registration District No. 9 File No. ____

Primary Registration District No. 2040 Registered No. 508

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept. 10th, 1912

FATHER		MOTHER	
FULL NAME	Samuel J. Dasher	FULL MAIDEN NAME	Katie Bates
RESIDENCE	Lorenzo, Ida	RESIDENCE	Lorenzo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Kansas	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer M.D.

(Physician or ~~Midwife~~)

Address Rigby, Ida

Given name added from a supplemental report

____, 19____

Filed Sept 19 1912 Ray H. Fisher Registrar

per B.D.J.

S-Y CO., 16669 Registrar

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

385-128-022-643

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

8873

County of Fremont

City of Rudy

No. ____, ____ St.

Hospital ____

Registration District No. 9 File No. ____

Primary Registration District No. 2040 Registered No. 541

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 28 1912

FATHER		MOTHER	
FULL NAME	William W. Cheney	FULL MAIDEN NAME	Fern Fullmer
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer M.D.

(Physician ~~or Midwife~~)

Address Rudy, Ida.

Filed Dec 6 1912 Ray L. Hatfield Registrar

A. M. P.

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

696-220-022-314

PLACE OF BIRTH

County of Fremont

City of Lewisville

No. ____, ____ St.

Hospital ____

Form V. S. No. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9

File No. 8874

Primary Registration District No. 2040

Registered No. 536

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug 20, 1912

FATHER	MOTHER
FULL NAME: Calvin Fife	FULL MAIDEN NAME: Charlotte B. Campbell
RESIDENCE: Lewisville,	RESIDENCE: Lewisville
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 9

Number of children, of this mother, now living, including present birth: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 9:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer M.D.

(Physician or Midwife)

Address Rigby, Ida.

Given name added from a supplemental report

....., 19.....

Filed Oct 10 1912 Ray H. Fisher

Registrar

S-Y CO., 16669

Registrar

a. m. o.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

314-212-022-314

PLACE OF BIRTH

Amended Oct. 21, 1954

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Registration District No. 9 File No. 8875

Hospital ..... Primary Registration District No. 2040 Registered No. 537

FULL NAME OF CHILD Mabel E. Campbell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug. 12 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Joseph Campbell	FULL MAIDEN NAME: Alberta Elizabeth Campbell
RESIDENCE: Rigby	RESIDENCE: Rigby
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE:	BIRTHPLACE: Rigby, Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) A. M. Palmer M.D.
(Physician or midwife)

Address Rigby, Idaho

Filed Oct. 16 1912 Roy H. Fisher A.M.P.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No. ....., ... St.

Registration District No. 9 File No. 8875

Primary Registration District No. 2040 Registered No. 537

Hospital .....

FULL NAME OF CHILD Mabel E. Campbell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug 12, 191.2

FATHER	MOTHER
FULL NAME Joseph Campbell	FULL MAIDEN NAME Alberta Eliz Campbell
RESIDENCE Rigby,	RESIDENCE Rigby,
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

(Signature) A. M. Palmer M.D.

(Physician or ~~Midwife~~)

Address Rigby Ida

Filed Oct 5 1912 Ray H Fisher a.m.D. Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Fremont

Certificate No. 8875

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mabel E. Campbell (Name on Original Certificate) who was born (Was Born or Died) on Aug 12, 1912 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's Birthplace	Utah	Rigby, Idaho

Subscribed and sworn to before me this 6 day of Oct., 19 54

Notary Public, residing at St. Anthony Idaho.
My commission expires Oct 1955
(Seal)

Signed Alberta E Lisa Russell Campbell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of Oct., 19 54

Notary Public, residing at St. Anthony Idaho.
My commission expires Oct. 1955
(Seal)

Signed W. L. Evans
(Signature of Any Credible Person)

(Street Address, City, State)

DPH 52.155

1 Copy pd

OCT 20 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Fremont.

Certificate No. 8875

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mabel E. Campbell (Name on Original Certificate) who Born (Was Born or Died) on Aug 12th 1912. (Date of Event)
in Rigby Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record. (Bible Record, Insurance Policy, Etc.) prepared on Aug 12th 1912. (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Mabel E. Campbell

Subscribed and sworn to before me this 12th
day of November. 1944.

Notary Public, residing at St. Anthony Idaho.

My commission expires January 18th 1945.
(Seal)

Signed Joseph L Campbell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Chester Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 21 1954

OCT 23 1944

313-218-022-313

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No. ____, ____ St.

Hospital ____

Registration District No. 9 File No. 8876

Primary Registration District No. 2040 Registered No. 539

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug 18, 191?

FATHER	MOTHER
FULL NAME Louis Lotter	FULL MAIDEN NAME Chloe C. Call
RESIDENCE Rigby	RESIDENCE Rigby, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Utah	BIRTHPLACE ~~Idaho~~
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~Born alive~~ (Born alive ~~or stillborn~~), at 1.20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fischer

(Physician ~~or Midwife~~)

Address Rigby Ida

Given name added from a supplemental report

..... 19.....

Filed Oct. 20 1912 Ray H. Fischer A.M.D. Registrar

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

339-128-022-293

PLACE OF BIRTH

County of Fremont

City of Rigby

No. _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—2000-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 8877

Primary Registration District No. 2040 Registered No. 535

FULL NAME OF CHILD Arland B. Clifford

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 28, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Clifford	Ezel Bills
RESIDENCE	Rigby R.F.D.	Rigby R.F.D.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	17
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive, or stillborn) on the date above stated, at 7.20 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fuller per a.m.d.

(Physician or Midwife)

Address Rigby Ida.

Given name added from a supplemental report

....., 19.....

Filed Oct 18 1912 Ray H. Fuller a.m.d.

S-Y CO., 16669

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Jefferson } ss.

Certificate No. 8877

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed (Name on Original Certificate) who born (Was Born or Died) on August 28, 1912 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name Arland "B" Clifford (just initial)	Unnamed	Arland B. Clifford

Subscribed and sworn to before me this 9th day of February, 19 44

Notary Public, residing at 114 Powell St., San Francisco, California

My commission expires July 7, 1945
(Seal)

Signed Harriet Cecil Spindler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

174 Ellis St., San Francisco
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of San Francisco } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of February, 19 44

Notary Public, residing at 114 Powell St. San Francisco, California

My commission expires July 7, 1945
(Seal)

Signed Theodore K. Spindler
(Signature of Any Credible Person Other Than Previous Year)

174 Ellis St., San Francisco
(Street Address, City, State)

FEB 2 1953

FEB 14 1944

313-121-022-469

PLACE OF BIRTH

Form V. S. No. 11—10m-6-

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 9 File No. 8878

Primary Registration District No. 2040 Registered No. 553

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 21, 1912

FATHER		MOTHER	
FULL NAME	Sylvester Call	FULL MAIDEN NAME	Harriet Mower
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 2:30 P.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. A. Anderson

(Physician or ~~Midwife~~)

Address Rigby, Ida.

Given name added from a supplemental report

....., 19.....

Filed Dec 10 1912 Roy H. Fuller

Registrar

S-Y CO., 16669

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 2 4 1974

582-121-022-742

PLACE OF BIRTH

Form V. S. No. 11+10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Roberts

Registration District No. 9 File No. 8879

No. ____, ____ St.

Primary Registration District No. 2040 Registered No. 531

Hospital ____

FULL NAME OF CHILD James Upstencil

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 21, 191[illegible]

FATHER		MOTHER	
FULL NAME	Fred Upstencil	FULL MAIDEN NAME	Nellie Gustin
RESIDENCE	Roberts	RESIDENCE	Roberts
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
COLOR	white	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 a. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Brandt

(Physician ~~or Midwife~~)

Address Roberts, Ida.

Given name added from a supplemental report

....., 19.....

Registrar

Filed Oct. 10, 1912 Roy H. Gisler

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

296-222-022-219

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Lorenzo

No. ..... St.

Hospital .....

Registration District No. 9 File No. 8880

Primary Registration District No. 2040 Registered No. 542

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept. 22, 1912

FATHER		MOTHER	
FULL NAME	Jonas Lon Browning	FULL MAIDEN NAME	Jennie Barker
RESIDENCE	Lorenzo,	RESIDENCE	Lorenzo.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~) at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Elizabeth Rose

(~~Physician or~~ Midwife)

Address Lorenzo, Ida.

Given name added from a supplemental report

....., 19.....

Filed Oct. 10, 1912 Ray H. Hawkins Registrar

S-Y CO., 16669 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 1967

313-225-022-483

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 9 File No. 8881

Primary Registration District No. 2040 Registered No. 534

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug. 25, 1912

FATHER		MOTHER	
FULL NAME	Abner Eaton	FULL MAIDEN NAME	Alvira Myler
RESIDENCE	Rigby, Ida	RESIDENCE	Rigby Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Mason	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 8:40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher M.D.

(Physician ~~or Midwife~~)

Address Rigby, Ida

Given name added from a supplemental report

....., 19.....

Filed Oct 10 1912 Ray H. Fisher Registrar

per A-M.O.

.....
Registrar

S-Y CO., 16669

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Amended 11-23-60

PLACE OF BIRTH

231-222-022-165

County of Fremont

City of Rigby, R.D.

No. ..... St.

Hospital .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 8882

Primary Registration District No. 2040 Registered No. 514

FULL NAME OF CHILD Orba Stark

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	Sept. 22, [illegible] 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Clifford Stark	FULL MAIDEN NAME: Catherine Jones
RESIDENCE: Rigby, R.D.	RESIDENCE: Rigby, R.D.
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) Ray H. Fisher, M.D.

Physician (Physician or midwife)

Address Rigby, Ida.

Filed Oct. 10, [illegible] 1912 Ray H. Fisher by B.D.L. Registrar.

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

County of Fremont

City of Rigby R.D. Registration District No. 9 File No. 8882

No. ____, ____ St. Primary Registration District No. 2040 Registered No. 514

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Sept 22 1911

FATHER		MOTHER	
FULL NAME	Clifford Stark	FULL MAIDEN NAME	Kate Jones
RESIDENCE	Rigby R.D.	RESIDENCE	Rigby R.D.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 1:30 A M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher M.D.

(Physician or ~~Midwife~~)

Address Rigby

Given name added from a supplemental report

____, 19____

____ Registrar

Filed Oct 10 19 12 Ray H. Fisher

Registrar

S-Y CO., 16669

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

NOV 23 1960

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 8882

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Stark (Name on Original Certificate) who born (Was Born or Died) on Sept. 22, 1912 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Orba Stark
Full Maiden Name of Mother	Kate Jones	Catherine Jones

Subscribed and sworn to before me this 27th day of July, 1960.

Joseph W. Allen
Notary Public, residing at Hooper, Utah
My commission expires February 4, 1962
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of July, 19 60.

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Clifford A. Stark
(Signature of Any Credible Person)

541 - 22nd Ogden Utah
(Street Address, City, State)

FORM DPH 55.155

CL 3-24-60. one copy pd. receipt #00253.

Statement from the L.D.S. Church Record, Hooper, Utah First Ward, by Nelson W. Arave, ward clerk, states "Church records of the Hooper First Ward indicate that Orba Stark was born September 22, 1912, in Rigby, Idaho, Jefferson County. She was Blessed December 1, 1912." - viewed by V.S.

L.D.S. Church Certificate of Birth, entered on record Dec. 1, 1912; gives full name of child as Orba Stark, born Sept. 22, 1912 at Rigby, Idaho to Clifford Stark and Catherine Jones - viewed by V.S.

L.D.S. Church Certificate of Blessing, July 6, 1941 gives full name of child as Beth Bunot, born May 7, 1941 at Ogden, Utah to Price F. Bunot and Orba Stark - viewed by V.S.

Notarized Statement or Proof of Publication, Newspaper Clipping of Mother's Death Notice, May 5, 1948 in the daily public paper in Ogden, Utah- clipping gives full name of deceased as Mrs. Catherine Jones Stark, born in Rigby, Idaho on April 26, 1891, a daughter of William H. and Annie Bambrough Jones. On April 12, 1910 she was married to Mr. Stark in Rigby.- viewed by V.S.

219-116-022-299

PLACE OF BIRTH

Form V. S. No. 11—10m-5-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Menan

Amended 6-9-81

No. ....., ... St.

Hospital .....

Registration District No. 4 File No. 8883

Primary Registration District No. 2040 Registered No. 530

FULL NAME OF CHILD ELVARD A. BERRETT

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	July 16 192

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo Berrett	Maud Brugge
RESIDENCE	Menan	Menan
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 730a M. on the date above stated.

(Signature) J. E. Melton

(Physician or ~~Midwife~~)

Address Menan

Filed Sept 10 19 12 Ray H. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

Ref B.D.F.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

4-14-81

CR 92

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
APR 22 1981
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Bonneville } ss.

Certificate No. 8883
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Barrett (Name on Original Certificate) who was born (Was Born, Died, etc.) on 7-16-12 (Date of Event)
in Menan(Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed Barrett	Elvard A. Berrett
fathers last name	Barrett	Berrett

Subscribed and sworn to before me this 17th day of April, 19 81
Notary Public, Wallace Hoffman
Residing at Idaho Falls
My commission expires 8-18-82
(Seal)

Lexie Barrett Bushell (sister)
Signature of Applicant
Kamas, Utah, Route #1
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of April, 19 81
Notary Public, Wallace Hoffman
Residing at Idaho Falls Idaho
My commission expires 8-18-82
(Seal)

Daniel M. Smith Idaho Falls 9th Ward Records Clerk
Supporting Signature
255 4th St. Idaho Falls, Idaho 83401
Street Address, City, State

Driver's license issued 1977, gives name as Elvard A. Berrett born July 16, 1912 in Idaho. # 510 28 8584
Viewed by V.S.

JUN 9 1981

Family record gives name as Elvard A. Berrett born July 16, 1912 in Menan, Idaho to George Barrett and Maud Briggs. Record issued 1960
Viewed by V.S.

413-117-022-413

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rudy

No. ....., ... St.

Hospital .....

Registration District No. 9 File No. 8884

Primary Registration District No. 2040 Registered No. 524

FULL NAME OF CHILD James Afton Matsen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Sept. 17, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter Matsen	Christina Matsen
RESIDENCE	Rudy	Rudy
COLOR	Wh	Wh
AGE AT LAST BIRTHDAY (Years)	53	35
BIRTHPLACE	Denmark	Denmark
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.30 P.M. on the date above stated.

(Signature) C. A. Fillmore

(Physician or Midwife)

Address Rudy, Idaho

Filed Oct 10 1912 Ray H. Fisher Registrar

per B.D.F.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912 - 351194

719-105-022-665

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Grant

Registration District No. 9 File No. 8885

No. ____, ____ St.

Primary Registration District No. 2040 Registered No. 5-16

Hospital ____

FULL NAME OF CHILD Not named

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Sept 5 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Orawell Gardner	Mary E. Owen
RESIDENCE	Grant	Grant
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	37	27
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~Stillborn~~) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Kinnaird

(Physician or ~~Midwife~~)

Address Idaho Falls

Given name added from a supplemental report

____, 19____

____ Registrar

Filed Sept 10 1912 Ray W. Fraher Registrar

per B. D. F.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912-319291

955--123-022-396

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

Registration District No. 9 File No. 8886

No. ____, ____ St.

Primary Registration District No. 2040 Registered No. 5-13

Hospital ____

FULL NAME OF CHILD ~~Not named~~ Ellen Trover Reeves

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	— (To be answered only in event of plural births)		—	yes	Sept 23 1912

	FATHER	MOTHER
FULL NAME	J. M. Reeves	FULL MAIDEN NAME Bertha B. Trover
RESIDENCE	Rigby	RESIDENCE Rigby
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years) 31
BIRTHPLACE	S. Dakota	BIRTHPLACE Illinois
OCCUPATION	Druggist	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 4:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or ~~Midwife~~)

Address Rigby

Given name added from a supplemental report

Ellen Trover, 19____

Reeves Registrar

Filed Oct 10 19 12 Ray H. Fisher Registrar

Mer B. D. F.

S-Y CO., 16669

MAY 10 1945

719-225-022-849

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9 File No. 8887

Primary Registration District No. 2040 Registered No. 313

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
M	—		—		Sept 23 (Month)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Parks	FULL MAIDEN NAME	Amy Lamiston
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	N. Carolina	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (born alive or ~~stillborn~~) at 9 A. M. on the date above stated.

(Signature) H. Ray Fisher

(Physician or Midwife)

Address Rigby

Filed Oct 20 1912 Ray W. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

8885

City of La Belle — Registration District No. 9 — File No. 40

793-120-022-764

No. ..... St. — Primary Registration District No. 2640 — Registered No. 554

Hospital .....

FULL NAME OF CHILD CLARENCE LEROY PITMAN

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	Aug 20 (Month) (Day) 191.2 (Year)

FATHER		MOTHER	
FULL NAME	Sidney Pitman	FULL MAIDEN NAME	Nellie Jane Gough
RESIDENCE	La Belle	RESIDENCE	La Belle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... 1 .....

Number of children, of this mother, now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson (Physician or ~~Midwife~~)

Address Rigby Ida

Given name added from a supplemental report

....., 19.....

Filed Dec 31 19 13 Ruth Fraser Registrar

.....
Registrar

3-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH

State of Idaho } ss.
County of Fremont }

Certificate No. 8888

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Clarenced Leroy Pitman (NAME ON ORIGINAL CERTIFICATE) who Was Born (WAS BORN OR DIED) on Aug 20 1912 (DATE OF EVENT)
in Isabelle Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Blessing Certificate (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Aug 23, 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Clarence Leroy Pitman

Subscribed and sworn to before me this 30th
day of March, 19 42.

Chas J Anderson

Notary Public, residing at DEPUTY AUDITOR, SKAGIT COUNTY, WASH.

My commission expires

(SEAL)

Signed Sidney Pitman
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rt. 5 - Mt. Vernon Wash.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Skagit }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th
day of March, 19 42.

E Davidson

Notary Public, residing at SKAGIT COUNTY, WASH.

My commission expires

(SEAL) AUDITOR, SKAGIT COUNTY

Signed Ester Pitman
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

NOV 29 1961

DEPARTMENT OF PUBLIC HEALTH - BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

213 - 208-218-337

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 8889

Primary Registration District No. 2040 Registered No. 554

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 6th 1912

FATHER		MOTHER	
FULL NAME	Orin Bate	FULL MAIDEN NAME	Nellie Clifford
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Colorado	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray A. Thacker
A. M. D.
(Physician or ~~midwife~~)

Address Rigby, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 16 1912 Ray A. Thacker
A. M. D.
Registrar

S-Y CO. 20174

PLACE OF BIRTH

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

8890

County of Fremont

City of Rigby

Registration District No. 9

File No. 582

No. ____, ____ St.

Primary Registration District No. 2040

Registered No. 582

Hospital ____

FULL NAME OF CHILD Gwenna Morton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct. 14, 191[illegible]

FATHER		MOTHER	
FULL NAME	Lawrence W. Morton	FULL MAIDEN NAME	Susie Woolf
RESIDENCE	Rigby, Ida.	RESIDENCE	Rigby, "
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Photographer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~) at 2 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer M.D.

(Physician or ~~Midwife~~)

Address Rigby, Idaho.

Given name added from a supplemental report

....., 19....

Filed Oct 15 1914 Roy A. Fisher Registrar

A. M. P.

S-Y CO., 16669 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 23 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend the Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
Apr 22 8 10 AM '75

State of ..... } ss.
County of .....

Certificate No. 8890

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Morton (female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 14, 1912 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Gwenna Morton

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of
April, 19 75

Signed Hazel M. Barry
(Signature of Any Credible Person)

Notary Public, residing at 201 N. Madison
My commission expires Oct 19, 1975
(Seal)

127 N. Huntington, S.F.
(Street Address, City, State)

FORM DH 60-155

CL 3/18/75 ret'd $1

Insurance policy from Metropolitan Life Ins. Co. gives name as Gwenna Haynes born 10-14-12. dated Feb. 21, ~~19~~ 1966. Viewed by V. S.

MAY 20 1975

Famly group record for Lawrence Wright Morton and Susie Orilla Woolf. child's name given as Gwenna Morton. born Oct. 14, 1912 at Rigb , Idaho. viewed by V. S.

STATE OF CALIFORNIA,

COUNTY OF LOS ANGELES } ss.

ON April 8, 1975, 19____,
before me, the undersigned, a Notary Public in and for said State, personally appeared

Hazel M. Berry

, known to me to be the
person whose name is subscribed to the within Instrument,
and acknowledged to me that she executed the same.

WITNESS my hand and official seal.

Terri M. Harmon
Notary Public in and for said State.

ACKNOWLEDGMENT—General—Wolcotts Form 232—Rev. 3-64

Endorsed

OFFICIAL SEAL
TERRI M. HARMON
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires Oct. 19, 1975

249 ? 209-022-239

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 8891 536

Primary Registration District No. 2040 Registered No. 556

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct. 9 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Smith	Eunice Stueper
RESIDENCE	Poplar	Poplar
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	Utah	Idaho.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive ~~or stillborn~~) at 5 a. M. on the date above stated.

(Signature) Ray H Fisher

(Physician ~~or midwife~~)

Address Rigby Ida

Filed Oct 10 1912 Ray H Fisher Registrar

a. m. P.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

Form V.S. No. 11-0-2m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

443-213-022-99

PLACE OF BIRTH amend 3-3-82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-15-12

CERTIFICATE OF BIRTH

8892

County of Fremont

City of Rigby

No. ..... St.

Registration District No. 9

File No. 555

Primary Registration District No. 2040

Registered No. 555

Hospital .....

FULL NAME OF CHILD May Elizabeth Mulder

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Oct. 13 1912

FATHER		MOTHER	
FULL NAME	John Mulder	FULL MAIDEN NAME	Victoria Richardson
RESIDENCE	Rigby,	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 5 a. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roy H. Fisher

(Physician ~~or midwife~~)

Address Rigby Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 15 1912 Roy H. Fisher a. M. D.

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-17-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 2 2 25 PM '82

State of _____ } ss.
County of _____

Certificate No. 8892
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Miller (Name on Original Certificate) who was born (Was Born, Died, etc.) on 10-13-12 (Date of Event)

in Rigby (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
fathers last name	Miller	Mulder
childs name	Unnamed Miller	May Elizabeth Mulder

Subscribed and sworn to before me this 1st day of February, 1982.

Notary Public, _____
Residing at _____ Notary Public residing in Blackfoot, Bingham County, Idaho
My commission expires April 26, 1986
(Seal)

x Mrs. May Cottrell
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

1 cc pd

Marriage License from County of Oneida in State of Idaho gives May Mulder and William N Cottrell were maiired in Oneida County on 1-1-30. Viewed by V.S.

MAR 3 1982

Application for Social Security Account Number gives May Mulder Cottrell given name at birth May Elizabeth Mulder born 10-12-12 in Rigby. Application dated 10-2-43. Viewed by V.S.

Family Record of Mary E Griffin sister of Victoria Richardson Mulder. states Victoria Richardson Mulder and John William Mulder are parents of May Elizabeth Mulder, born 10-13-12 in Rigby. Document dated and notarized 11-2-72. Viewed by V.S.

Copy of Obituary published in Tribune gives John Mulder age 30 died 11-11-18 in France after being wounded in battle on 11-2-18. Viewed by V.S.

753 - 201-022-156

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Gorfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 8893

Primary Registration District No. 2040 Registered No. 592

FULL NAME OF CHILD Alta Pearl Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct. 1 1912

	FATHER	MOTHER
FULL NAME	Joseph Alma Peterson	Mabel Jessie
RESIDENCE	Gorfield	Gorfield
COLOR	White	White
AGE AT LAST BIRTHDAY	29 (Years)	21 (Years)
BIRTHPLACE	Idaho.	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Godfrey

(~~Physician~~ or midwife)

Address Rigby, Ida. R. D. 1

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 10 1912 Roy H Teasley Registrar
a. M. P.

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

7-23-68

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUL 31 1968
Bureau of Vital Statistics

State of .....
County of .....

Certificate No. 8893
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Peterson (Name on Original Certificate) who was born (Was Born or Died) on Oct. 1, 1912 (Date of Event)
in Garfield, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Alta Pearl Peterson

mother age 78

Subscribed and sworn to before me this 27 day of July, 1968

Vera Kowallis
Notary Public, residing at Idaho Falls
My commission expires .....
(Seal)

VERA KOWALLIS
NOTARY PUBLIC
IDAHO FALLS, IDAHO
MY COMM. EXPS. 3-22-72

Signed Mabel Peterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rout 1 Fruitland Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Mabel Peterson 7-23-68 Hansen

Certificate of Blessing issued Dec. 8, 1912 certifies that Alta Pearl Peterson daughter of Joseph Alma Peterson and Mable Jeffs was born Oct. 1, 1912 at Garfield, Fremont, Idaho. Blessed Dec. 8,1912 by Elder Zechariah Bellentine of L.D.s. Church.
Viewed by V. S.

JUL 31 1968

Occidental Life Ins. Company of Calif gives name of Alta Pearl Peterson Mansen as member. Certificate Number 8215. Policy issued Jan. 11, 1956.
Viewed by V. S.

157-116-022-294

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

8894

County of Fremont

City of La Belle

Registration District No. 9

File No. 583

No. ..... St.

Primary Registration District No. 2040

Registered No. 583

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct. 16th, 1912

FATHER		MOTHER	
FULL NAME	John Anglesey	FULL MAIDEN NAME	Elsie Simmonds
RESIDENCE	La Belle	RESIDENCE	La Belle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:15 a. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer M.D.

(Physician or ~~Midwife~~)

Address Ririe, Idaho.

Given name added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 30 1917 Ruth Fuehrer

a.m.B. Registrar

S-Y CO., 16669

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

893-201-028-753

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

8895

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No ____, ____ St.

Hospital ____

Registration District No. 12 — File No. ____

Primary Registration District No. 1003 — Registered No. 220

FULL NAME OF CHILD Evelyn Elixabeth Hilding

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	I	II	Yes	9 1 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Charles R Hilding	FULL MAIDEN NAME Amanda Elizabeth Peterson
RESIDENCE Coeur d'Alene	RESIDENCE Coeur d'Alene
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Wis.	BIRTHPLACE Wis
OCCUPATION Mill hand.	OCCUPATION H. W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Shephard

(Physician or Midwife)

Address Coeur d'Alene Ida

Given names added from a supplemental report

....., 19.....

Filed 11/10 1912 H. L. Brennan

Registrar

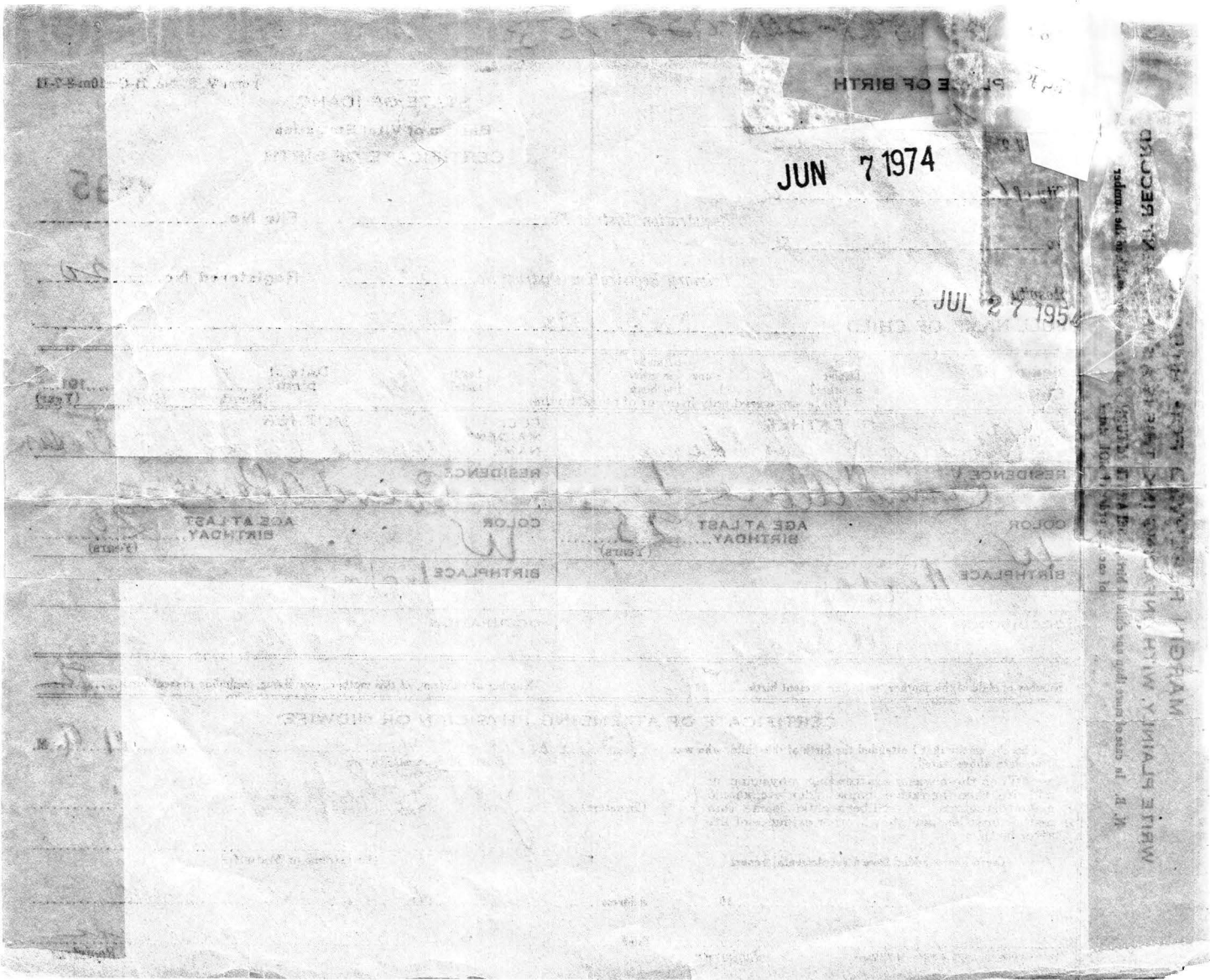
SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated


JUN 7 1974
JUL 27 1954

4449 - 203-805-597

PLACE OF BIRTH — STATE OF IDAHO — DEPARTMENT OF HEALTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Dalmer

Registration District No. 2116 12

File No. 8896

No. ____, ____ St.

Primary Registration District No. 2118

Registered No. 217

Hospital

FULL NAME OF CHILD Evelyn Mary Murray

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2	yes	Aug. 2, 1917

FATHER	MOTHER
FULL NAME: E. J. Murray	FULL MAIDEN NAME: Mary Nixon
RESIDENCE: Spokane	RESIDENCE: Spokane
COLOR: White	COLOR:
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Mark.	BIRTHPLACE: Denmark
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ____

(Physician or Midwife)

Address Dalmer Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 18670

Filed Feb. 3 19 22 Wm. D. Engles Registrar

14/10

H. H. Newman

293-112-028-443

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Dorsett

Registration District No. 2118 12 File No. 8897

No. ____, ____ St.

Primary Registration District No. 2118 Registered No. 227

Hospital ____

FULL NAME OF CHILD James Hill

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3rd	yes	Sept 12 1912

FATHER		MOTHER	
FULL NAME	Michael Hill	FULL MAIDEN NAME	Christine Mullen
RESIDENCE	Colville	RESIDENCE	Colville
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Colville	BIRTHPLACE	Dorsett
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 3 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Ballard

Physician

(Physician or Midwife)

Address Dorsett Idaho

Given names added from a supplemental report

Dec 3 1912

Rev. J. J. Langlas Registrar

Filed Dec 3 1912 Rev. J. J. Langlas Registrar

S-Y CO., 16670

1/10 - H. H. Hunsaker Ind.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. No. U-C-1bm-8-31-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

253-107-028-34

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Dramel

Registration District No. 2118 12 File No. 8898

No. ____, ____ St.

Primary Registration District No. 2118 Registered No. 230

Hospital ____

FULL NAME OF CHILD Peter Dellice

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	yes	Sept 28, 1912

FATHER	MOTHER
FULL NAME: Joseph Dellice	FULL MAIDEN NAME: Lucy Camille
RESIDENCE: Dramel	RESIDENCE: Dramel
COLOR: Indian	COLOR: Indian
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Dramel	BIRTHPLACE: Flathead Res—
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Ballard

(Physician or Midwife)

Address Dramel Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 30 1912 Wm. J. Knapke

Registrar

S-Y CO., 16670

Registrar

10/10 — A. L. Sherman

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

713-130-028-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls, Ida.

Registration District No. 12 File No. 8899

No. ____, ____ St.

Primary Registration District No. 2051 Registered No. 219

Hospital ____

FULL NAME OF CHILD Pasco Sims Patterson

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓		✓	Yes	May 30th, 1917

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Worthy L. Patterson	FULL MAIDEN NAME	Hatty May Winslow
RESIDENCE	Post Falls, Ida.	RESIDENCE	Post Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Iowa	BIRTHPLACE	Daisy, Wash.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. J. Ten Brook, M.D.

(Physician or Midwife)

Address Post Falls, Idaho

Given names added from a supplemental report

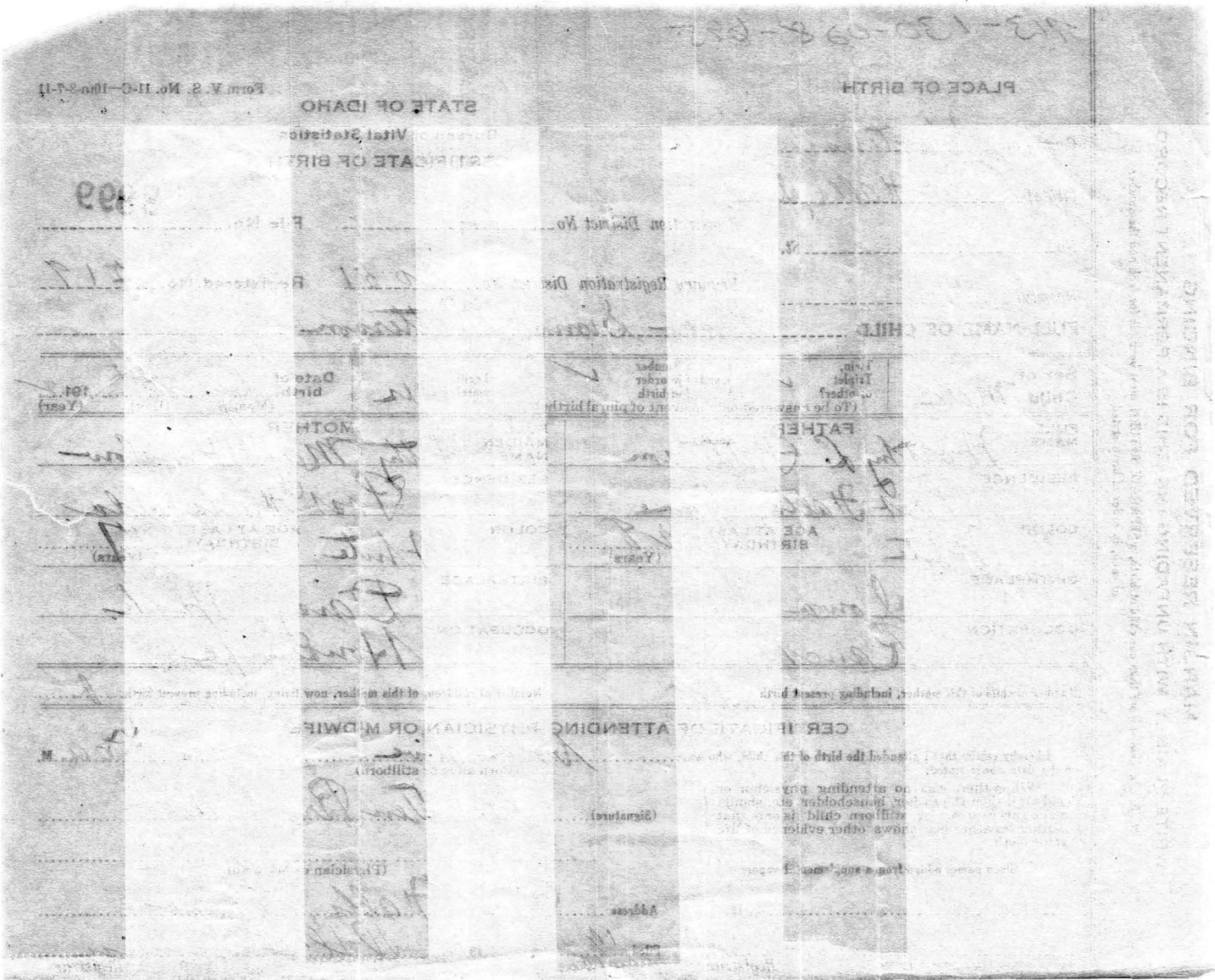
....., 19.....

Registrar

Filed 12/10 1917 H. L. Williamson

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



453-265-028-331

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Granite

No. ..... St.

Registration District No. 19 File No. 8900

Primary Registration District No. 2051 Registered No. 222

Hospital .....

FULL NAME OF CHILD Bernice May Delph

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			yes	Sept 4 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	James Delph	FULL MAIDEN NAME	Anna Clark
RESIDENCE	Granite P.O.	RESIDENCE	Granite
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Virginia	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Hse

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 4 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Brennan M.D.
(Physician or midwife)

Address Residence

Given names added from a supplemental report

..... 19.....

Filed 10/10 1913 J. D. Brennan
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

No. 11-C [illegible] 2-15-12

County of Kootenai

8901

City of Spt Lake
593-106-028-435
No. St.

Registration District No. 12

File No.

Primary Registration District No. 2157

Registered No. 223

Hospital

FULL NAME OF CHILD FOREST DUNCAN VICKERE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	/		Yes	Sept 6 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thornton F. Vickere	Flossie McCall
RESIDENCE	Spirit Lake	Sp Lake
COLOR	White	Wh
AGE AT LAST BIRTHDAY (Years)	29	21
BIRTHPLACE	Wisc.	Mich
OCCUPATION	Baggageman Gt Nn Depot	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

(Signature) Earl S Prindle M.D.
(Physician or midwife)

Address Spt Lake

Filed 10/10 19 12 H. Hillmann
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF ~~IDAHO~~

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Umatilla }

Certificate No. 8901

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Duncan Forest (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Sept. 6, 1912 (DATE OF EVENT)
in Spirit Lake (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Sept 1930 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Duncan Forest	Forest Duncan Vickere

Subscribed and sworn to before me this 22nd
day of April, 19 42

Delois Combs

Notary Public, residing at Pendleton, Ore.

My commission expires My Commission Expires Oct. 13, 1945
(SEAL)

Signed X Mrs Flossie L Vickere
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

X 3/2 S. E. Byers - Pendleton, OR
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ore. } ss.
County of Umatilla }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th
day of April, 19 42

Delois Combs

Notary Public, residing at Pendleton, Ore.

My commission expires My Commission Expires Oct. 13, 1945
(SEAL)

Signed J. F. Vickere
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Pendleton, Ore. Box A
(STREET ADDRESS, CITY, STATE)

Received for filing on APR 27 42 By
(REGISTRAR'S SIGNATURE)

APR 29 1942

MAY 10 1945

359-208-028-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls, Ida.

Registration District No 12 File No. 8902

No ....., ... St.

Primary Registration District No. 2051 Registered No. 224

Hospital .....

FULL NAME OF CHILD Sydney Marie Terway

Sex of Child: Female | Twin, Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Sept. 8th (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Peter Terway	FULL MAIDEN NAME	Mary Louise Walker
RESIDENCE	Post Falls, Ida.	RESIDENCE	Post Falls, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29	COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Holland	BIRTHPLACE	Pennsylvania
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. J. Terbrook M.D.

(Physician or Midwife)

Address Post Falls, Ida.

Given names added from a supplemental report

....., 19.....

Filed 1/10 1912 H. H. Sherman Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17828

APR 5 1974

494-209-028-345

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Forest Ranger — Registration District No. 17 — File No. 8903

No. ____ St. — Primary Registration District No. 2051 — Registered No. 235

Hospital ____

FULL NAME OF CHILD Dorothy Elizabeth Middleton

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Sept. 9 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clifford E. Middleton	Bessie A Cunningham
RESIDENCE	Forest Reserve	Forest Reserve
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	29
BIRTHPLACE	Cal.	Ida
OCCUPATION	Forest Ranger	Hse

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) A. L. Freeman M.D.

(Physician or midwife)

Address Parkline

Filed Oct 10 1912 H. H. Sherman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 30 1945

893 - 113 - 028 - 249

Form V. S. No. 11-C—20m-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls

No. ..... St.

Registration District No. 12 File No. 8904

Primary Registration District No. 2051 Registered No. 129

Hospital .....

FULL NAME OF CHILD Irving David Nita

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 18 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William V. Nita	Laura Smith
RESIDENCE	Post Falls R.F.D.	Post Falls
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	24
BIRTHPLACE	Iowa	Wis.
OCCUPATION	Rancher	Nurse

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A. Greenacre M.D.
(Physician or midwife)

Address Postdrene

Given names added from a supplemental report

..... 19.....

Filed Sept 10 19 12 M. M. Freeman Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 17 1941

685 - 121-028-165

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake

No. ..... St.

Hospital .....

Registration District No. 12 File No. 8905

Primary Registration District No. 2051 Registered No. 231

FULL NAME OF CHILD ~~xxxxxxxxxxxxxxx~~ William Wesley Wynne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	One	and	Yes	9 21 1912

FATHER	MOTHER
FULL NAME Robert J Wynne	FULL MAIDEN NAME Amy Jones
RESIDENCE Spirit Lake Ida	RESIDENCE Spirit Lake Ida
COLOR White — AGE AT LAST BIRTHDAY 31 (Years)	COLOR White — AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Bordorgan Wales	BIRTHPLACE Liverpool England
OCCUPATION Carpenter	OCCUPATION Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jack D Trindle M.D.

(Physician or midwife)

Address Spirit Lake Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 10/10 1912 W W Sherman Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/24/41. w.h.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 8200
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Kootenai (b) City Spirit Lake
   (c) Street Address or R.F.D. No. Gen Del
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home — days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Spirit Lake
   (d) Street Address or R.F.D. No. Gen Del.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.
   (f) Mother's mailing address Gen. Del. Idaho
3. **RESIDENCE of FATHER** (city, state) Spirit Lake Idaho

4. **FULL NAME OF CHILD** William Wesley Wynne
5. Date of Birth (Month, day, year) Sept 21 1912
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Thomas Wynne
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Bordogan Wales (City or town) (State or foreign country)
14. Exact Occupation Millwright
15. Industry or Business Saw Mill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amy Jones
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Liverpool England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of Snohomish }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Robert Thomas Wynne, being first duly sworn, say that I am Related to (Related to (or) acquainted with) William Wesley Wynne (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Pringle (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Robert Thomas Wynne Signature
Rt. #4 - Everett - Wash P. O. Address

Subscribed and sworn to before me on this 15 day of May, 1941

(SEAL) [signature] Notary Public, residing at Everett

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received ~~and filed by the local~~ registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-123-028-439

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Hauser

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 8906

Primary Registration District No. 2081 Registered No. 232

FULL NAME OF CHILD Charles Edward Stine

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Sept. 23 1912

FATHER

FULL NAME Frank Stine

RESIDENCE Hauser

COLOR Wh. AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Ohio

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Susie McElroy

RESIDENCE Hauser

COLOR Wh. AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Ont. Canada

OCCUPATION Home

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. D. Brennan M.D.

(Physician or midwife)

Address Rathdrum

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12/10 1912 L. D. Brennan Registrar

S-Y CO. 20174

JUL 3 0 1942

349 - 225-028-349

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Blanchard

No. ..... St.

Hospital .....

Registration District No. 12 File No. 8907

Primary Registration District No. 2051 Registered No. 233

FULL NAME OF CHILD ~~Baby~~ Turk, Hazel Edna

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	Only			yes	9 - 25 - 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME C. M. Turk	FULL MAIDEN NAME Leola M. Turk
RESIDENCE Blanchard	RESIDENCE Blanchard
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Iowa
OCCUPATION Tel. Operator	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Warren S. Moore M. D.

(Physician or midwife)

Address Spirit Lake Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 9/10 1912 H. H. Thurman Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 1947

795-126-028-613

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 8908

Primary Registration District No. 2051 Registered No. 234

FULL NAME OF CHILD Walter A. Pierson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	9-26-19

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Jesse A Pierson	Virginia Watkins
RESIDENCE	Near Rathdrum	Rathdrum
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	37	26
BIRTHPLACE	Ind.	Ind.
OCCUPATION	Farmer	Her

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. Drennan M. D.

(Physician or midwife)

Address Rathdrum

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 1/10 19 12 L. L. Drennan Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

849-129-028-331

PLACE OF BIRTH

County of Gooding

City of Athol

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 8909

Primary Registration District No. 2151 Registered No. 236

FULL NAME OF CHILD Johnnie Burton Hunt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Sept. 29 1912

FATHER		MOTHER	
FULL NAME	Leland B Hunt	FULL MAIDEN NAME	Maggie Clark
RESIDENCE	Athol	RESIDENCE	Athol
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mo	BIRTHPLACE	Minn
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 9. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. S. Brennan M. D. (Physician or midwife)

Address Rathdrum

Given names added from a supplemental report

....19....

Filed 10/10 1912 L. S. Brennan Registrar

....Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 19 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City of Cataldo — Registration District No. 12 — File No. 8910

No. ____ St. — Primary Registration District No. 2049 — Registered No. 218

Hospital ____

FULL NAME OF CHILD Urho Henrike Lehtola

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	2	Yes	Aug 10 1912

FATHER		MOTHER	
FULL NAME	U. H. Lehtola	FULL MAIDEN NAME	Fannie Jarvela
RESIDENCE	Cataldo	RESIDENCE	Cataldo
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason
(Physician or midwife)

Address Cataldo Idaho

Given names added from a supplemental report

....19....

Filed 10/10 19 12 H. H. Hermann
Registrar

....
Registrar

S-Y CO. 20174

Form V. S. No. 11-C- Rev. 2-10-32

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

DUP OF 1912-377203

169-230-028-557

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Kootenai

City of St Maries

No. ____, ____ St.

Hospital St Maries

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 8912

Primary Registration District No. 2249 Registered No. 296

FULL NAME OF CHILD Hannah Julia Jordan

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Aug 30, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Lenord Jordan	FULL MAIDEN NAME	Julia Engedahl
RESIDENCE	Treffry Idaho	RESIDENCE	Treffry Idaho,
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Indiana	BIRTHPLACE	North Dakota
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Cornwall

(Physician or Midwife)

Address St. Maries Ida

Given names added from a supplemental report

....., 19.....

Filed 10/10 1912 R. H. Brennan Registrar

.....

S-Y CO., 16670 Registrar

NOV 15 1943

108-274-028-465

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of St Maries

Registration District No. 12 File No. 8913

No. ____, ____ St.

Primary Registration District No. 2049 Registered No. 207

Hospital ____

FULL NAME OF CHILD ~~Evodie~~ Johnson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Aug 14, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Levi Johnson	Ruth Marie Montandon
RESIDENCE	St. Maries	St. Maries
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	27
BIRTHPLACE	Kentucky	Switzerland
OCCUPATION	Grain Salesman	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Lamerwall

(Physician or Midwife)

Address St. Maries Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 10/10 1912 A. W. Freeman Registrar

S-Y CO. 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Nez Perce }

JUN 13 1941

Certificate No. 8913
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Evodie Johnson (Name on original certificate) who born (Was born or died) on August 14 - 1912 (Date of event)
in St Maries Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible (Bible record, insurance policy, etc.) prepared on May 19 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Evodie	Earna or Erma	Evodie Johnson

Subscribed and sworn to before me this 14
day of June, 1941

C. P. Hinshaw
Notary Public, residing at Lewiston Ida
My commission expires Feb 10 - 1941
[SEAL]

Signed Ruth Johnson Platner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person) Mother
1602 Carson Ave - Lewiston Ida
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Nez Perce }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11
day of June, 1941

C. P. Hinshaw
Notary Public, residing at Lewiston Idaho
My commission expires Feb 10 - 1941
[SEAL]

Signed Mrs. C. N. Norton
(Signature of any credible person other than the previous affiant)
1916 Second Ave No. Lewiston Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

JUN 19 1941

299-228-028-495

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of St Maries

No. ____, ____ St.

Hospital St Maries

Registration District No. 12 File No. 8914

Primary Registration District No. 1049 Registered No. 208

FULL NAME OF CHILD Jeanett Emmo-belle Briggs

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Aug 28, 191..

FATHER	MOTHER
FULL NAME: Robert Fobs Briggs	FULL MAIDEN NAME: Ida Pearl Diehl
RESIDENCE: St Maries	RESIDENCE: St. Maries
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Missouri
OCCUPATION: Dentist	OCCUPATION: Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Cornwall

(Physician or Midwife)

Address St. Maries Ida

Given names added from a supplemental report

....., 19.....

Filed 10/10 19 12 A. H. Swanson

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

c.c. 4/28/41. w.h.

297-222 PLACE OF BIRTH AMENDED MAR. 14, 1951

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Cataldo

No. ____ St.

Registration District No. 12 File No. 8915

Hospital ____ Primary Registration District No. 2049 Registered No. 216

FULL NAME OF CHILD Ester Alida Sipola
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	1		1	yes	7 27 1912

(To be answered only in event of plural births)

What bacteriocidal solution was used in eyes? ____

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Enok Sipola	FULL MAIDEN NAME	Ogla Hill
RESIDENCE	Cataldo	RESIDENCE	Cataldo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Laborer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) **, at** 9 **P. M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

____, 192____

____
Registrar.

(Signature) T. R. Mason MD
(Physician or midwife)

Address Cataldo, Idaho

Filed 10/10 1912 D. D. Dreman
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. Cer. 1 B 10m 2-15-12

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 12 File No. 8915

Primary Registration District No. 2049 Registered No. 211

FULL NAME OF CHILD Esko Sibola

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	1	1	Yes	July 27 1912

FATHER	MOTHER
FULL NAME Eino Sibola	FULL MAIDEN NAME Olga Hill
RESIDENCE Coeur d'Alene	RESIDENCE Coeur d'Alene
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Finland	BIRTHPLACE Finland
OCCUPATION Laborer	OCCUPATION House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or midwife)

Address Coeur d'Alene Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 10/10 1912 H. H. Hartman Registrar

5-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 15 1951

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Kootenai

Certificate No.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Estes Sibola (Name on Original Certificate) who was born (Was Born or Died) on July 27, 1912 (Date of Event)
in Cataldo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on July 27, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of attending physician	J. R. Nesson	L. A. Mason M.D.
one living & left name	Enoch Sibola	Enoch Sibola
father & child	Estes Sibola	Estes Sibola

Subscribed and sworn to before me this 10 day of March 1951

M. E. Engdahl
Notary Public, residing at Coeur d'Alene
My commission expires 12/1/53
(Seal)

Signed Alice Williamson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
420 Dollar Coeur d'Alene
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of March 1951

M. E. Engdahl
Notary Public, residing at Coeur d'Alene
My commission expires 12/1/53.
(Seal)

Signed Fred Williamson
(Signature of Any Credible Person)

420 Dollar
(Street Address, City, State)
Coeur d'Alene Idaho

693-127-028-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Kootenai

City of Plummer

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 8916

Primary Registration District No. 2049 Registered No. 203

FULL NAME OF CHILD Hugh James Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Dave Williams	Mabel Co. Smithwick
RESIDENCE	Plummer	Plummer
COLOR / AGE AT LAST BIRTHDAY	White 33 (Years)	White 24 (Years)
BIRTHPLACE	Kansas	N. Carolina
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth... 2

Number of children, of this mother, now living, including present birth... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Fitzgerald

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address Plummer

Filed 10/10 1912 H. P. Freeman

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

4/7/41 L. B.

133-118-028-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Kootenai

City of Plummer

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 — File No. 8919

Primary Registration District No. 3449 — Registered No. 243

FULL NAME OF CHILD Allison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	✓	Legitimate	Jan 18 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alfred Allison	Eva May Smith
RESIDENCE	Plummer	Plummer
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	31
BIRTHPLACE	Wisc	Nebraska
OCCUPATION	Teamster	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. McDonald

Physician (Physician or Midwife)

Address Plummer

Given names added from a supplemental report

....., 19.....

Filed 1/10 19 12 L. H. Hansman Registrar

Registrar

BRAD-YORK CO., PTMS. & BOOKS 17920

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

RESIDENCE

COLOR

BIRTHPLACE

512-219-028-753

PLACE OF BIRTH

County of Kootenai

City of St Maries

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 12 File No. 8920

Primary Registration District No. 2149 Registered No. 344

FULL NAME OF CHILD Jo Melissa Easter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	July 19, 1912

FATHER		MOTHER	
FULL NAME	Jesse Allen Easter	FULL MAIDEN NAME	Hazel Magdalena Pettycrew
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Nebraska
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Lonsdale

(Physician or Midwife)

Address St Maries, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 10/10 1912 H. H. Hermann Registrar

S-Y CO., 15670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

8320

Sex of Child: Twin, Triplet, or other? (Do not enumerated only in event of triplets) and in order of birth (1st, 2nd, etc.)

Legitimate

Date of birth (Month) ... 19...

FULL NAME

FATHER

MAIDEN NAME

RESIDENCE

MOTHER

COLOR

AGE AT LAST BIRTHDAY (Years)

COLOR

Address ... 19...

Filed ... 19...

Registrar

614 - 201-028-219

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Rose Lake

Registration District No. 12 File No. 8921

No. ____, ____ St.

Primary Registration District No. 2049 Registered No. 221

Hospital ____

FULL NAME OF CHILD Myra B Waddell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	S	1st	yes	Sept 1st, 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jessie C Waddell	Cyrena May Barnett
RESIDENCE	Rose Lake Ida	Rose Lake Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	41	29
BIRTHPLACE	Neb.	Walla Walla Wash
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was b twn alive (Born alive or stillborn) at 9 40 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Huntington

Physician

(Physician or Midwife)

Address Rose Lake Ida

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 10/10 19 12 W C Brennan Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 15 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of St Maries

281-102-08-719 Registration District No. 12 File No. 8922

No. ____, ____ St.

Primary Registration District No. 2049 Registered No. 209

Hospital ____

FULL NAME OF CHILD ~~Herbat Shauvin~~ DAVID HERBERT SHAUVIN

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes.	Sept. 2- 191 2

FATHER	MOTHER
FULL NAME Thomas Palma Shauvin	FULL MAIDEN NAME Maude Garte
RESIDENCE St. Maries	RESIDENCE St. Maries
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 45 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Canada	BIRTHPLACE Washington
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at — M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Cornwall

(Physician or Midwife)

Address St. Maries Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 10/18 1912 W. H. Shawhan Registrar

S-Y CO., 16670

Form V. S. No. 11-C Jan-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ~~Idaho~~ Wash.) Certificate No. 8922
)ss
County of Spokane) Date Filed Sept. 14, 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (birth or death) for Herbert Shanvin (Name on original certificate) who was born (was born or died) on Sept 2, 1912 (Date of event) in St. Maries Idaho (Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by hospital record (Bible record, insurance plcy.etc.) prepared on Sept. 2, 1912 (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate, etc.)	FROM (As on original)	TO (The correct facts)
Name	Herbert Shanvin	David Herbert Shanvin
D.A.V.I.D	H.E.R.B.E.R.T	S.H.A.U.V.I.N

Subscribed and sworn to before me this 7th day of May 1942

Signed Mrs. Mrand. Lorta Shanvin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

George Elmer Mann
Notary Public
Residing at Spokane, Wash

E2207 Rich Spokane Wash
(Street address, City, State)

My commission expires Nov. 4-1943

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Washington)
)ss
County of Spokane)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of May 1942

Signed Joseph A. Shanvin
(Signature of any credible person other than the previous affiant.)

George Elmer Mann
Notary Public
Residing at Spokane, Wash

E2207 Rich Spokane Wash
(Street address, City, State)

My commission expires Nov 4 - 1943

(SEAL)

8761 6 M

275-201-028-862

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Kootenai

City of St Maries

No. ____, ____ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 8923

Primary Registration District No. 2042 Registered No. 205

FULL NAME OF CHILD Ina Mary Spurr

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	9 / 1 / 1912

FATHER		MOTHER	
FULL NAME	Laurel Spurr	FULL MAIDEN NAME	Clara Hobson
RESIDENCE	St. Maries	RESIDENCE	St. Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10.20 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. Cornwall

(Physician or ~~Midwife~~)

Address St Maries Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 10/10 1912 R. L. Thomason Registrar

S-Y CO., 16670

COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	BIRTHPLACE
OCCUPATION	OCCUPATION

793-1~~26~~-238-266

PLACE OF BIRTH

County of Kootenai

City of Idaho

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12

File No. 8924

Primary Registration District No. 2049

Registered No. 200

FULL NAME OF CHILD Donald DALLAS Gilbert

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)			yes	9 – 25 – 1912

FATHER	MOTHER
FULL NAME: William Ray Gilbert	FULL MAIDEN NAME: Cora Pearl Swope
RESIDENCE: St Maries	RESIDENCE: St Maries
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Winnipeg - Canada	BIRTHPLACE: Nemaha - Nebraska
OCCUPATION: ~~Horseshoer~~ Brakeman	OCCUPATION: Housekeeper / Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. Cornwall

(Physician or ~~Midwife~~)

Address St Maries

Given names added from a supplemental report

....., 19.....

Registrar

Filed 10/10 1912 A. M. Hinman

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—Dec. 3-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(Family of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Orange }

Certificate No. 8924

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for DONALD GILBERT (Name on Original Certificate) who WAS BORN (Was Born or Died) on SEPT 25, 1912 (Date of Event)
in ST. MARIES IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by BIBLE RECORD (Bible Record, Insurance Policy, Etc.) prepared on (NO DATE) (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Donald Gilbert	Donald Dallas Gilbert

Subscribed and sworn to before me this 28th
day of March A. D., 1942
Augie P. Pagan
Notary Public, residing at Costa Mesa, Calif.
My commission expires October 4, 1944
(Seal)

Signed X W. T. Gilbert.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2445 El Camino St. Costa Mesa California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Diego }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

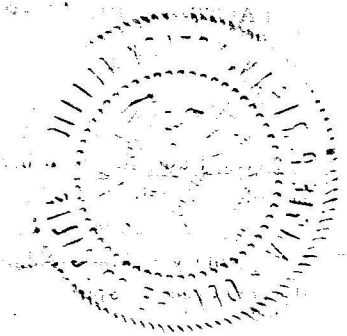
The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this first
day of April 19 42.
Blanche J. Drumm
Notary Public, residing at 426 Granger Bldg
San Diego, Calif.
My commission expires
(Seal)

Signed Mrs R. A. Brown
(Signature of Any Credible Person Other Than Previous Year)
4570 Pacific Blvd
(Street Address, City, State)

APR 6 1942

OCT 1 9 1971



365-129-028-215

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C Rev. 6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Ida

No. ____, ____ St.

Hospital Residence

Registration District No. 12 File No. 8925

Primary Registration District No. 2049 Registered No. 237

FULL NAME OF CHILD ~~Not named~~ Raymond LeRoy Connell

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single (To be answered only in event of plural births)	3	Yes	Sept 29, 1917

FATHER		MOTHER	
FULL NAME	Frank Connell	FULL MAIDEN NAME	Grace Sanders
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Worthington

Physician

(Physician or Midwife)

Address Rose Lake

Given names added from a supplemental report

....., 19.....

Filed 10/10 19 12 A. H. Sherman

S-Y CO., 16670

Registrar

Registrar

233-227-028-753

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

Registration District No. 12 File No. 8926

No. ____, ____ St.

Primary Registration District No. 2049 Registered No. 235

Hospital ____

FULL NAME OF CHILD Nora Mae St. Claire

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Sept 27, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Louis St. Lolaire	Ethel Peterson
RESIDENCE	Harrison	Harrison
COLOR	Red	White
AGE AT LAST BIRTHDAY (Years)	41	27
BIRTHPLACE	Washington	Colorado
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard le Gisle

Physician

(Physician or Midwife)

Address Harrison Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 10/10 1912 [illegible] Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 15 1966

795-112-028-443

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

1/2 mi East of City of Dudley Ida

No. ....., ... St.

Hospital Home

Registration District No. 12 File No. 8927

Primary Registration District No. 2849 Registered No. 138

FULL NAME OF CHILD Not named John Anthony Prescott

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept 12, 1912

FATHER	MOTHER
FULL NAME Frank Prescott	FULL MAIDEN NAME Nichola Dulduc
RESIDENCE 1/2 Mile East Dudley Ida	RESIDENCE 1/2 Mi East Dudley Ida
COLOR White	AGE AT LAST BIRTHDAY 27 (Years)
COLOR White	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Italy	BIRTHPLACE Italy
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth First

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Worthington

Physician

(Physician or Midwife)

Address Rose Lake Idaho

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed 10/10 1912 R. F. Sherman

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

RESERVED

2113-110-028-255

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Ferrell

Registration District No. 12

File No. 8928

No. ....., ... St.

Primary Registration District No. 2049

Registered No. 216

Hospital .....

FULL NAME OF CHILD Wm Samuel Butler.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		first	Yes	Sept 10, 191 2

	FATHER	MOTHER
FULL NAME	Harry Butler.	FULL MAIDEN NAME Pauline Benton.
RESIDENCE	Ferrell.	RESIDENCE Ferrell
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	28	28
BIRTHPLACE	Pennsylvania	BIRTHPLACE Austria
OCCUPATION	Coal Miner.	OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1.45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Lindsay M.D.

(Physician or Midwife)

Address St Joe Idaho

Given names added from a supplemental report

....., 19.....

Filed 9/10 19 12 M. L. Sherman

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

693-224
028-122
Amended: 2-9-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 8929
Local Reg. No. 210
Reg. Dist. No. 12

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH
a. COUNTY: Kootenai
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Plummer
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Plummer
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Frances
b. (Middle): Jane
c. (Last): Wilson

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): February 24, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): William
b. (Middle): Franklin
c. (Last): Wilson

8. AGE (At time of this birth): 41 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Missouri
10. USUAL OCCUPATION: Rancher
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Maude
b. (Middle): Mae
c. (Last): Abbott

13. AGE (At time of this birth): 22 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Kansas
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: C. A. McDonald
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Plummer, Idaho
20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 10/10/12
22. REGISTRAR'S SIGNATURE: D. D. Drennan
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FEB 12 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Kootenai

City of Plummer

No ____, ____ St.

Hospital ____

Registration District No 12 — File No 8929

Primary Registration District No 2049 — Registered No 218

FULL NAME OF CHILD Francis Jane Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female			Yes	Feb 24 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	William Franklin Wilson	FULL MAIDEN NAME	Maud May Affolt
RESIDENCE	Plummer	RESIDENCE	Plummer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 A. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. McDonald

Physician

(Physician or Midwife)

Address Plummer

Given names added from a supplemental report

....., 19.....

Filed 1/10 1912 W. H. Thomson Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

STATE OF IDAHO

Bureau of Vital Statistics

SEP 10 1942

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 5 1968
Bureau of Vital Statistics

State of Idaho
County of Kootenai } ss.

Certificate No. 8929

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Francis Jane Wilson (Name on Original Certificate) who born (Was Born or Died) on Feb. 24, 1912 (Date of Event)
in Plummer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Francis Jane Wilson	Frances Jane Wilson
Full Maiden Name of Mother	Maud May Abbott	Maude Mae Abbott

Subscribed and sworn to before me this 31st day of Jan., 19 68

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Coeur d'Alene, Idaho

My commission expires NOTARY PUBLIC for the State of Idaho Residing at Coeur d'Alene, Idaho

(Seal) Charlotte M. Erwin

Brother
Rt. 1 Hayden Lake, Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Kootenai } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of Jan., 19 68

Signed Rev. Orland A. Scott (Signature of Any Credible Person)

Notary Public, residing at Coeur d'Alene

My commission expires Idaho (Seal) NOTARY PUBLIC for the State of Idaho Residing at Coeur d'Alene, Idaho

712 Foster Avenue, Coeur d'Alene, Idaho (Street Address, City, State)

FORM OPH 56-155 CL 12-3-58. nm commission expires July 1, 1969

Rw Own child's birth cert. on file Idaho, File #388274, gives name of mother as Frances Jane Wilson, born Plummer, Idaho, child born May 5, 1944 - viewed by V.S.

Report Card, Plummer Public Schools, grade, Third, 1920-21 school year, gives name as Frances Wilson - viewed by V.S.

Report Card, Coeur d'Alene, Idaho, grade IV, entered Sept. ;7, 1921, gives name as Frances Wilson - viewed by V.S.

Delayed Certificate of Birth, Kansas State Board of Health, name Maude Mae Abbott, born May 24, 1889, at Burden Cowley Kansas, File #57304 - viewed by V.S (filed Feb. 23, 1954)

Certificate of Death, on file Idaho, File #60-5090, gives name as Maude Mae Wilson, (Abbott) date of death as Dec. 14, 1960, date of birth May 24, 1889 - viewed by V.S.

264-206-028-238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Kootenai

City of St Maries

No. ____, ____ St.

Hospital ____

STATE OF IDAHO — Form V. S. No. [illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 8930

Primary Registration District No. 2049 Registered No. 201

FULL NAME OF CHILD Elizabeth Bouchard

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	June 6, 1912

FATHER		MOTHER	
FULL NAME	Joseph J. Bouchard	FULL MAIDEN NAME	Fanny Schnail
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Quebec Canada	BIRTHPLACE	Austria
OCCUPATION	Hotel Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. Cornwall

(Physician or Midwife)

Address St Maries

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 1/10 1912 R. H. Hansman
Registrar

S-Y CO., 16670

DUP OF 1912-378906

535-218-028-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Kootenai

City of St Maries

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 8931

Primary Registration District No. 2049 Registered No. 204

FULL NAME OF CHILD Venecia May Ventura

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	June 18, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Ventura	Florencer Harper
RESIDENCE	St Maries	St Maries
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	41	36
BIRTHPLACE	Jewel Kentucky	Rock Island Ill
OCCUPATION	Labarar	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. Cornwall

(Physician or Midwife)

Address St. Maries

Given names added from a supplemental report

....., 19.....

Registrar

Filed 10/10 1912 H. H. Brennan

Registrar

S-Y CO., 16670

NOV 7 1957

319-231-028-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Kootenai

City of St Maries

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

8932

Registration District No. 12 File No. ____

Primary Registration District No. 3249 Registered No. 102

FULL NAME OF CHILD Cora Mary Carnine

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	J-31, 1912

FATHER		MOTHER	
FULL NAME	Ulysses Stanton Carnine	FULL MAIDEN NAME	Cora Ethel Carter
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	W	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Missouri	COLOR	W
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	29
		BIRTHPLACE	Eugene Ore
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. Carnine

(Physician or Midwife)

Address St Maries

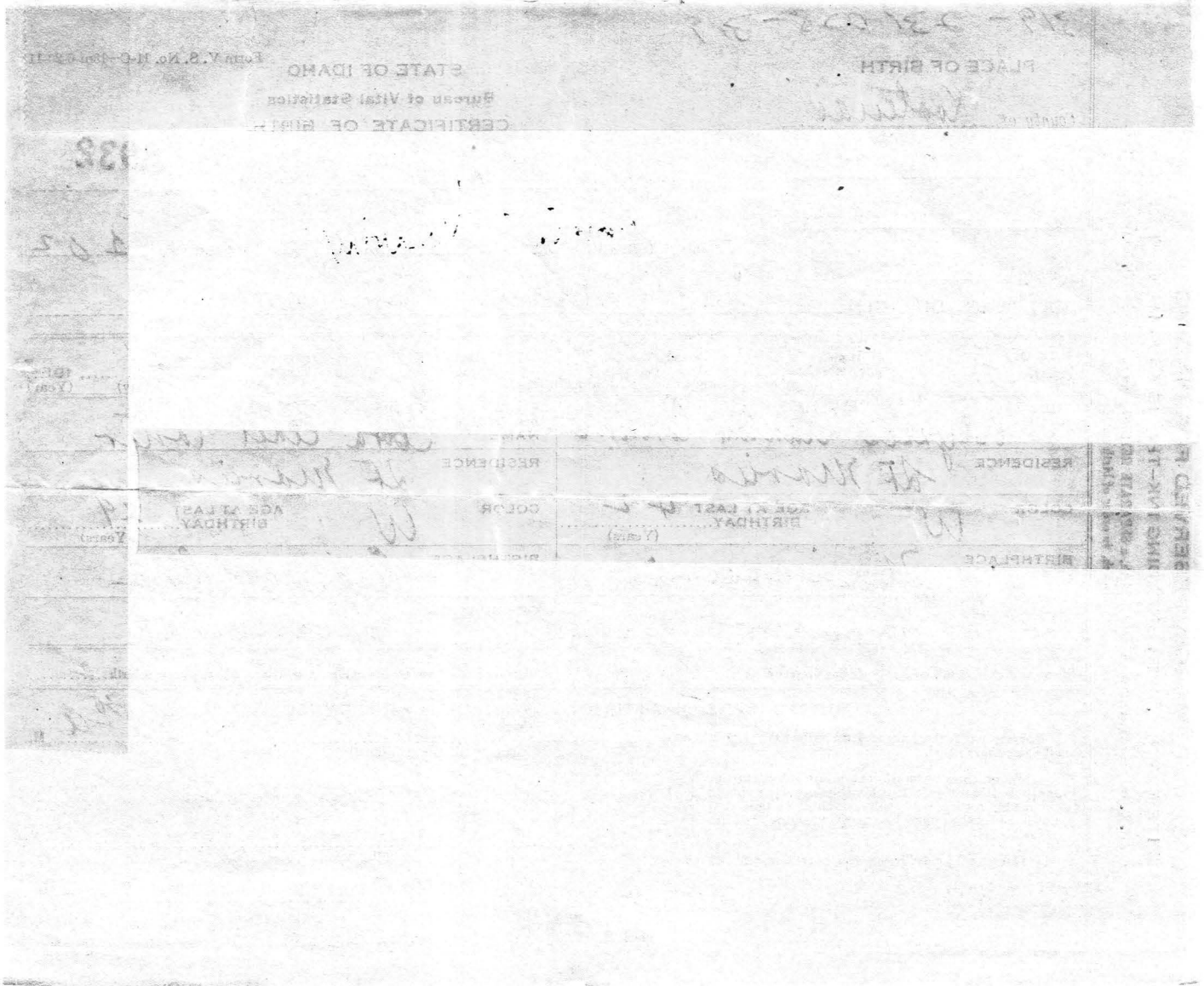
Given names added from a supplemental report

____, 19____

____ Registrar

Filed 1/10 1912 H. L. Hunnan Registrar

S-Y CO., 16670



254-110-040-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Pine Creek

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 25

File No. 8935

Primary Registration District No. 2104

Registered No. ____

FULL NAME OF CHILD JOHN KENNETH KNUDTSON

Sex of Child: M	Twin, Triplet or other? One (To be answered only in event of plural births)	and Number in order of birth 1st	Legitimate? Yes	Date of birth: Sept (Month) 10 (Day) 1912 (Year)	

FATHER		MOTHER	
FULL NAME	Albert Knudtson	FULL MAIDEN NAME	Agnes Leydy
RESIDENCE	Spokane Wn.	RESIDENCE	Pine Creek
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Idaho
OCCUPATION	Dr. & Byp Street Conductor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physician

(Physician or Midwife)

Address Wallace Ida

Given names added from a supplemental report

Sept 20, 19 12

Dr. Chas. L. Dittman

Registrar

Filed ____ 19 ____

Registrar

SYMS - YORK CO., PTRS. & BORS. 17328

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH ~~OR DEATH~~

Certificate No. 8935

State of Idaho }
County of Shoshone } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of John Kenneth Knudson for ~~—~~ Knudsen who (Birth or death) (Name on original certificate) (Was born or died) on 10th Sept 1912 (Date of event) in Kellogg Idaho (Place of event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Surname	Knudsen	Knudtson
Name	Master	John Kenneth Knudtson

Subscribed and sworn to before me this 10th day of December, 1941

L. P. Hammond
Notary Public, residing at Kellogg Ida
My commission expires Feb 8/1944
[SEAL]

Signed Agnes Knudtson Bois
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R.R. 4 Kellogg Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Shoshone } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. That I was present at birth of above John Kenneth Knudson

Subscribed and sworn to before me this 10th day of December, 1941

L. P. Hammond
Notary Public, residing at Kellogg Ida
My commission expires Feb 8/1941
[SEAL]

Signed Mrs Alice McGarey
(Signature of any credible person other than the previous affiant.)

Wallace Idaho Box 141
(Street Address, City, State)

Received for filing on DEC 15 1941 By
(Registrar's signature)

DEC 16 1941

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-20
040-PL[illegible]

[illegible] V. S. No. 11-C—20m-2-15-12

County of [illegible]

City of Kellogg. Registration District No. 25 File No. 8936

No. ____ St. Primary Registration District No. 2105 Registered No. ____

Hospital ____

FULL NAME OF CHILD Roberta Olive Brockman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	1	yes	Aug 1 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John G. Brockman	Iva Mae Keller
RESIDENCE	Kellogg, Ida	Kellogg, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Missouri	Ill.
OCCUPATION	Photographer	House wife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

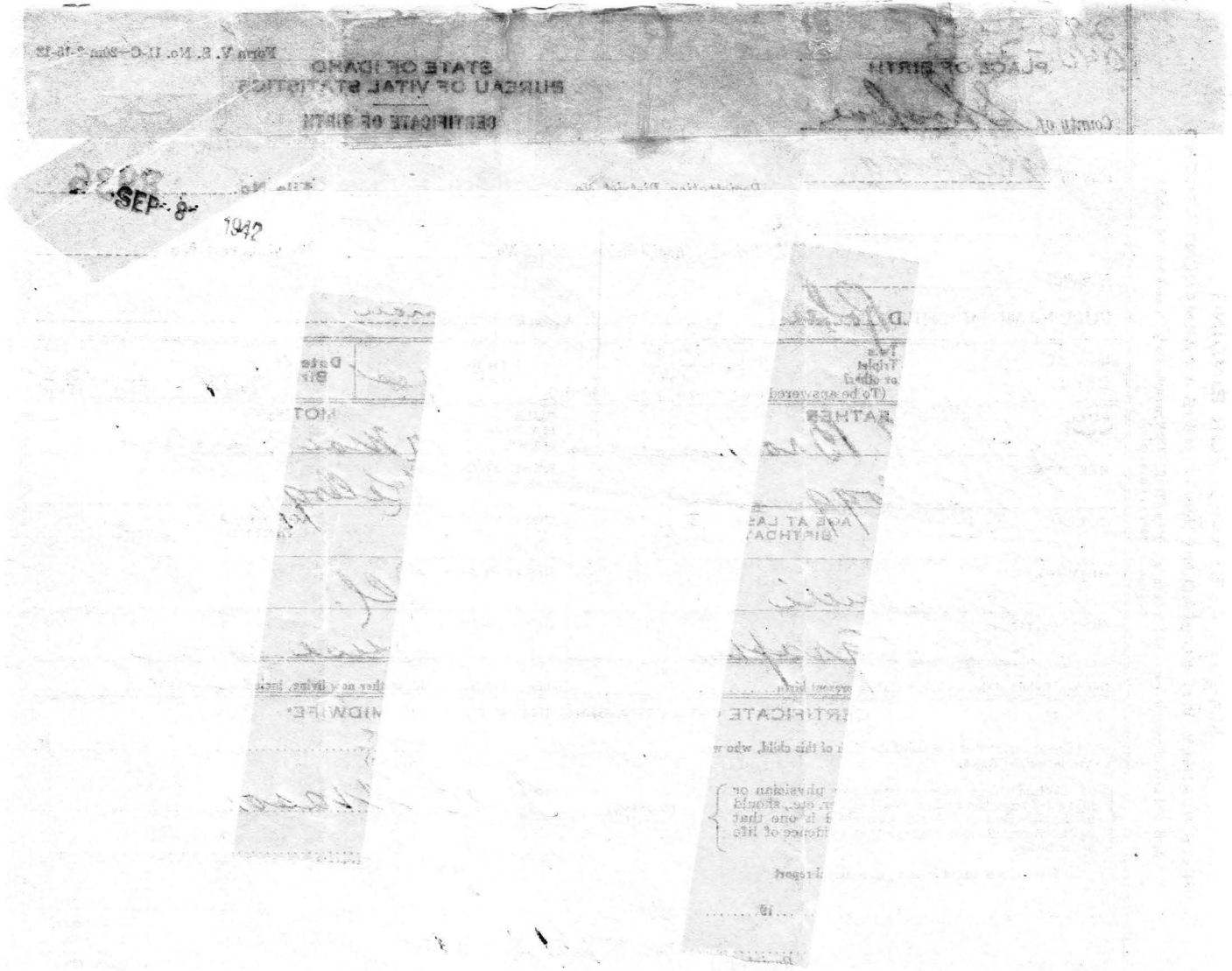
Address .....

Filed Sept 18 1912 Dr. Chas. A. Altman

.....
Registrar

Registrar

S-Y CO. 20174


SEP 8
1942

251-124-040-445

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wardner,

Registration District No. 2-5

File No. 8937

No. ..... St.

Primary Registration District No. 2106

Registered No. .....

Hospital .....

FULL NAME OF CHILD [illegible] Seaman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	1	5	yes	7 24 1912

FATHER	MOTHER
FULL NAME Frank H. Seaman	FULL MAIDEN NAME Stella Dunn
RESIDENCE Wardner.	RESIDENCE Wardner.
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Kansas.
OCCUPATION Timberman	OCCUPATION House Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11, A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Mason

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Sept 18 1912 Dr. Chas. C. Witham

S-Y CO. 20174

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

168-128-040-599

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of ~~Wallace~~ Mullan

Registration District No. 25

File No. 8938

No. ____, ____ St.

Primary Registration District No. 208

Registered No. ____

Hospital ____

FULL NAME OF CHILD ____

Sex of Child: M	Twin, Triplet, or other? One (To be answered only in event of plural births)	and Number in order of birth 4th	Legitimate? Yes	Date of birth: Sept 28 (Month) (Day), 1912 (Year)	

	FATHER	MOTHER
FULL NAME	Chas Johnson	FULL MAIDEN NAME: Mary Gresson
RESIDENCE	Mullan Ida	RESIDENCE: Mullan
COLOR	W	COLOR: W
AGE AT LAST BIRTHDAY (Years)	45	35
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth: 4th

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. R. Mowery

Physician (Physician or Midwife)

Address Wallace Ida

Given name added from a supplemental report

....., 19.....

.....
Registrar

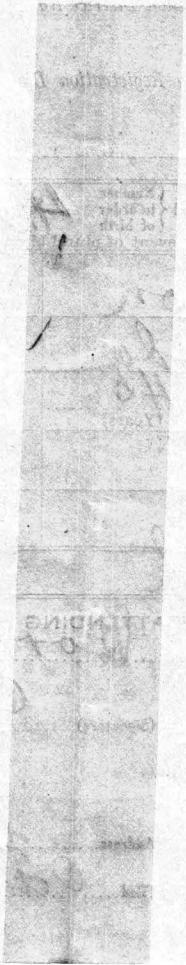
Filed Oct 10 1912 Dr. Chas. E. Bellman
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



719-113-040-264

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ____, ____ St.

Hospital ____

Registration District No. 25 File No. 8939

Primary Registration District No. 2108 Registered No. ____

FULL NAME OF CHILD Gianetone

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept 13 19 17

FATHER		MOTHER	
FULL NAME	Joseph F Gianetone	FULL MAIDEN NAME	Mary Soda
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Restaurantuer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:00 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

Physician

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Sept 19 1917 D. Chas. G. Wittman Registrar

S-Y CO., 16670

COLOR	AGE AT LAST BIRTHDAY
BIRTHPLACE	
OCCUPATION	BIRTHPLACE

418-130-040-692

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

County of Shoshone

City of Burke

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 8940

Primary Registration District No. 2109 Registered No. ____

FULL NAME OF CHILD Mahoney

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	one	1st	yes	Sept 30, 1912

FATHER		MOTHER	
FULL NAME	Michael Mahoney	FULL MAIDEN NAME	Geraldine Fisher
RESIDENCE	Burke Ida	RESIDENCE	Burke Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mass	BIRTHPLACE	Washington
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. R. Mowrer

Physician (Physician or Midwife)

Address Wallace Idaho

Given name added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 9 1912 D. Chas. A. Dittman Registrar

S-Y CO., 16669

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

623-101-040-243

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Wood

Registration District No. 25 File No. 8941

No. ____, ____ St.

Primary Registration District No. 2201 Registered No. ____

Hospital ____

FULL NAME OF CHILD John Elmer Walderman Osterholm

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	(To be answered only in event of plural births)	3rd	Yes	Sept 1 1912

FATHER		MOTHER	
FULL NAME	Mat Osterholm	FULL MAIDEN NAME	Louise Sutherland
RESIDENCE	Wood	RESIDENCE	Wood
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Finnland	BIRTHPLACE	Finnland
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 08 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physician

(Physician or Midwife)

Address Wallace Ida

Given names added from a supplemental report

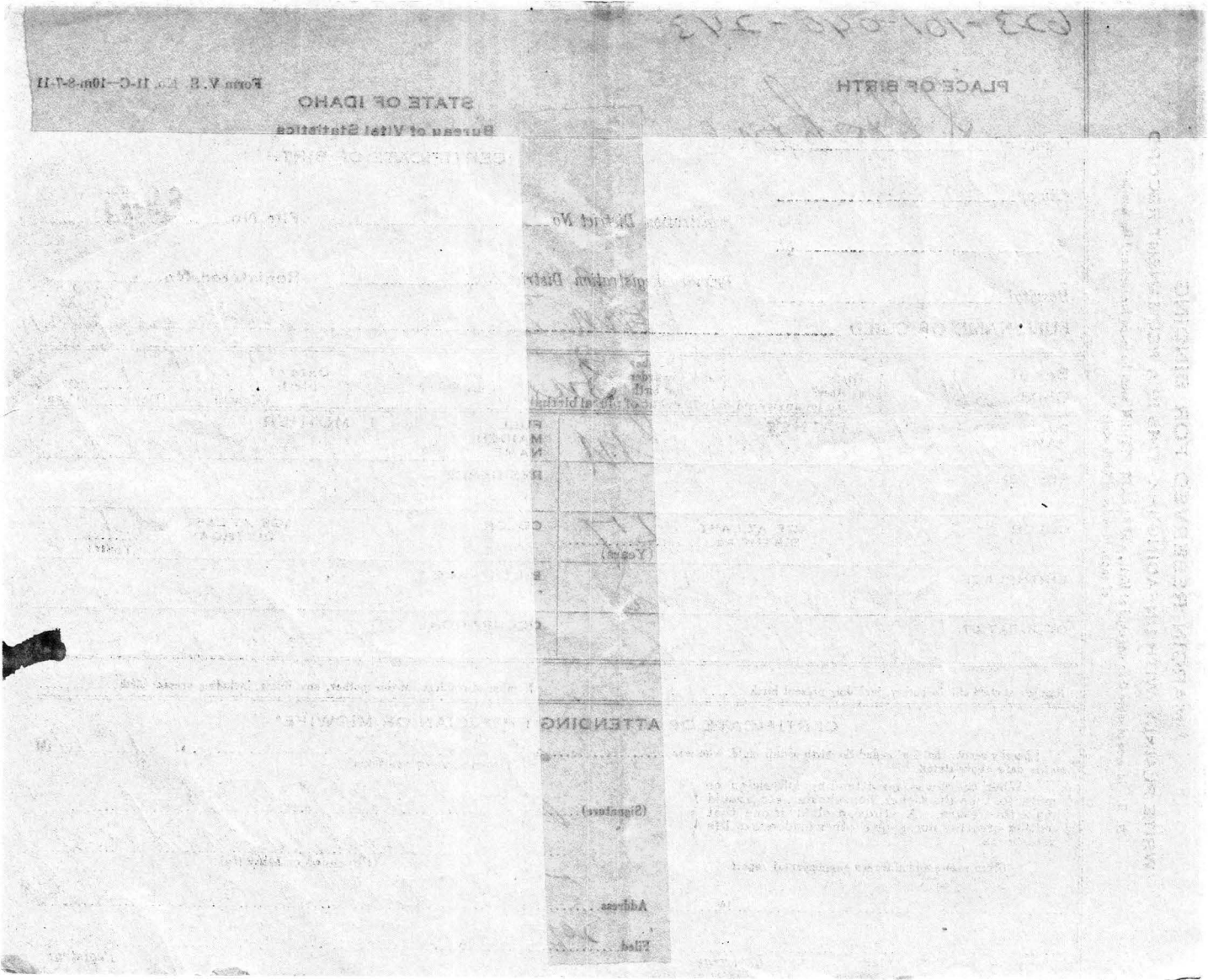
....., 19.....

Filed Sept 10 1912

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar



433-220-040-363

PLACE OF BIRTH

County of Shoshone

City of Burke

No. —, St.

Hospital

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 25

File No. 8942

Primary Registration District No. 2109

Registered No.

FULL NAME OF CHILD Elizabeth Genevive McLean

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.			Yes.	Aug 20th 1912

	FATHER	MOTHER
FULL NAME	William Joseph McLean	FULL MAIDEN NAME Josephine Collins
RESIDENCE	Burke.	RESIDENCE Burke
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	37.	35.
BIRTHPLACE	New Foundland.	BIRTHPLACE New Foundland
OCCUPATION	Miner	OCCUPATION Home Keeper

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Cairns M. D.

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept 18 1912 Wm. A. Deltman

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued Nov. 18, 1940. E.W.

819-215-040-619

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Burke

Registration District No. 25 File No. 8943

No. ....., ... St.

Primary Registration District No. 2109 Registered No. .....

Hospital .....

FULL NAME OF CHILD Gladys Josephine Hargis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept 13th, 1911

FATHER		MOTHER	
FULL NAME	Burgess Hargis	FULL MAIDEN NAME	Maria Warrick
RESIDENCE	Burke	RESIDENCE	Burke
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Tennessee	BIRTHPLACE	Hungaria
OCCUPATION	Engineer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4th

Number of children of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Cairns M. D.

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed Oct 4 1912 W. Chas. A. Wellman

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 21 1975

265-227-040-819

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Mace

Registration District No. 25

File No. 8944

No. ____, ____ St.

Primary Registration District No. 2109

Registered No. ____

Hospital ____

FULL NAME OF CHILD Marguerite Bond

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept 22d, 1918

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frederick C Bond	Lee Vella Harding
RESIDENCE	Mace	Mace
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	30
BIRTHPLACE	Canada	Michigan
OCCUPATION	Merchant (retail)	House Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a; M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Cairns Jr M D

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Oct 4 1918 Thos. C. Dettman

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 5 1956

MAR-2 1943

459-222-040-419

PLACE OF BIRTH

County of Shoshone

City of Gem

No. ——, ——St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 25

File No. 8945

Primary Registration District No. 2109

Registered No.

FULL NAME OF CHILD Elizabeth Artwanda Mercer.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Oct 22 1912

FATHER	MOTHER
FULL NAME Coral Franz Mercer.	FULL MAIDEN NAME Bessie May Marble
RESIDENCE Gem	RESIDENCE Gem
COLOR White AGE AT LAST BIRTHDAY 27 (Years)	COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Montana
OCCUPATION School Teacher	OCCUPATION House Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Cairns M.D

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct 4 1912 R. Chas. A. Whitman

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. No. 11 C—Jan.
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of San Diego } ss.

Certificate No. 8945

OCT 13 1943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Elizabeth Artwarda Mercer (Name on Original Certificate) who was born (Was Born or Died) on Sept. 22, 1912 (Date of Event)
in Dem, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by the fact that I am her father and was present (Bible Record, Insurance Policy, Etc.) at her birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name		Elizabeth Artwarda Mercer
Date	Sept. 20th	Sept. 22, 1912

Subscribed and sworn to before me this 10th
day of July 1943
J. Chrisman Hayes
Notary Public, residing at El Cajon, Calif
My commission expires July 24, 1943
(Seal)

Signed Coral Grantz Mercer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana
County of Missoula } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th
day of October 1943
Madge Dick
Notary Public, residing at Missoula Montana
My commission expires April 19, 1946
(Seal)

Signed Amy J. Jones
(Signature of Any Credible Person Other Than Previous Year)

302 E Spruce St
(Street Address, City, State)
Missoula, Mont.

JUN 9 1971

OCT 15 1943

256-118-040-381

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Shoshone

City of Burke

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 25 File No. 8947

Primary Registration District No. 2109 Registered No. ____

FULL NAME OF CHILD Calvin Seward

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	one	—	yes	Sept 18 1912

FATHER		MOTHER	
FULL NAME	Lewis Seward	FULL MAIDEN NAME	Fleta Chambers
RESIDENCE	Burke	RESIDENCE	Burke
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Mo.
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

(Signature) Dr. Chas. G. Dettman

(Physician or Midwife)

Address Burke Ida

Filed Oct 9 1912 Dr. Chas. G. Dettman Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

293-117-040-622

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

8948

PLACE OF BIRTH

County of Shoshone

City of Gem

No ——, ——— St.

Hospital ———

Registration District No 75 File No ———

Primary Registration District No 2109 Registered No. ———

FULL NAME OF CHILD George Alfred Killian

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	One	and	Yes	Aug 17 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Killian	Maggie Osborne
RESIDENCE	Gem	Gem
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	39	30
BIRTHPLACE	Ind.	Ill.
OCCUPATION	Hoistman	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. A. Dettman

Boise Ida

(Physician or Midwife)

Given names added from a supplemental report

———, 19——

———
Registrar

Address ———

Filed Oct 9 1912 Dr. Chas. A. Dettman
Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

APR 4 1942

437-203-040-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Mace

*No*_____, _____ *St.*

Hospital _____

Registration District No. 5 **File No.** 8949

Primary Registration District No. 2109 **Registered No.**_____

FULL NAME OF CHILD Helen McGary

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	/	2nd	Yes	Sept 3 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Michael McGary	Blanche Cassons
RESIDENCE	Mace Ida	Mace Ida
COLOR	W	W
AGE AT LAST BIRTHDAY	37 (Years)	24 (Years)
BIRTHPLACE	Ireland	Minnesota
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1200 P. M. on the date above stated.

*"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. B. Mowry

(Physician or Midwife)

Address Wallace Ida

Given names added from supplemental report _____, 19____

Filed Sept 20 1912

_____ Registrar

SYMS - YORK CO., PTRS. & BDRS.

386 - 101-040-454

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Wardner.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 8950

Primary Registration District No. 2106 Registered No. .....

FULL NAME OF CHILD Jack Osborne Thompson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	1	2	Yes	9 / 1 / 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jack Thompson	Nattie Underwood
RESIDENCE	Wardner. Ida	Wardner. Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	29
BIRTHPLACE	California	Missouri
OCCUPATION	Miner	House wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. K. Mason
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Sept 18 1912 W. Chas. [illegible]
Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAR 4 1942

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

FULL NAME OF CHILD .....

Sex of Child | Twin, Triplet or other? | and | Number in order of birth | Legitimate | Date of Birth ..... 19..
(To be answered only in event of plural births) | (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME		FULL MAIDEN NAME
RESIDENCE		RESIDENCE
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR / AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE
OCCUPATION		OCCUPATION

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Address .....

Given names added from a supplemental report

19.....

Registrar

Filed ..... 19.....

Registrar.

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

MAR 7 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

962 - 222-040-434

Form V. S. No. 11-C—20m-2-15

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Spokane

City of Waukesha

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 8951

Primary Registration District No. 2106 Registered No. ____

FULL NAME OF CHILD Murphia Margaret Robertson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	1	Yes	Aug 22 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Robertson	Margaret Mc Waukesha
RESIDENCE	Waukesha.	Waukesha
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	32
BIRTHPLACE	England	England
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ____

(Physician or midwife)

Given names added from a supplemental report

____ 19____

Address ____

____ Registrar

Filed Oct 10 1912 R. Chas. C. Dittman Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MAY 7 1970

City or

No. St.

Hospital

FULL NAME OF CHILD

Registration District No. File No.

Primary Registration District No. Registered No.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
					19

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

(Given names added from a supplemental report)

Address

Filed 19

Registrar

By (Deputy Registrar)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE CERTIFICATE must be made for each and the number in order of birth must be given.

335-211-040-168

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Wardner.

No. ..... St.

Hospital .....

STATE OF IDAHO,
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 8952

Primary Registration District No. 2106 Registered No. .....

FULL NAME OF CHILD Florence Clements

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	6	Yes	9 11 1912

FATHER	MOTHER
FULL NAME Martin Clements	FULL MAIDEN NAME Hulga Johnson
RESIDENCE Wardner.	RESIDENCE Wardner
COLOR W	AGE AT LAST BIRTHDAY 40 (Years)
	COLOR W
	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Norway	BIRTHPLACE Norway
OCCUPATION Miner	OCCUPATION House wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Oct 10 19 12 Dr. Chas. Co Witham

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

PLACE OF BIRTH

MAR 21 1955

County of

STATE OF IDAHO,
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-2

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of child, in order of birth, stated.

City of

Registration District No. File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child (To be answered only in cases of plural birth): Twin / Triplet / or other? ; and in order of birth ; (Legitimate)

Date of Birth (Month) (Day) 19 (Year)

FULL NAME	FATHER	MOTHER
RESIDENCE		
COLOR	AGE AT LAST BIRTHDAY (Years)	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		
OCCUPATION		

Number of child of this mother, including present birth: Number of children of this mother now living, including present birth:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) on the date above stated, at

"A born alive child is one that breathes, shows pulsation of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether the duration of any such breathing, pulsation or movement be momentary or not, whether the umbilical cord be severed or not, and whether the placenta be attached or not. A stillborn child is one that is not born alive, as defined above, but which after complete expulsion or extraction from its mother, weighs 350 grams or more, or, if the weight is unknown, has a length of 25 centimeters or more, or, if the length is unknown, has been in the uterus of its mother for 40 weeks or more of gestation. Neither live births nor stillbirths include abortions."

(Signature)

(Physician or midwife)

Address

Given name added from a supplemental report

19 Filed 19 Registrar

By (or) Deputy Registrar

862-202-040-649

[redacted] No. E-C-43m-4-16-15

PLACE OF BIRTH

STA[redacted]
BUREAU C[redacted]

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No. 25 File No. 8953

No. St.

Primary Registration District No. 2905 Registered No.

Hospital

FULL NAME OF CHILD Ada Francis Yost

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	2	Yes	Aug 2 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	F. W. Yost.	Ellen Furlong
RESIDENCE	Kellogg Ida.	Kellogg Ida
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	38	35
BIRTHPLACE	Penn	Mass.
OCCUPATION	Blacksmith	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1130 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Nuzum

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Sept 18 1912 Wm. Chas. A. Watkins

.....
Registrar

S-Y CO. 20174

Registrar

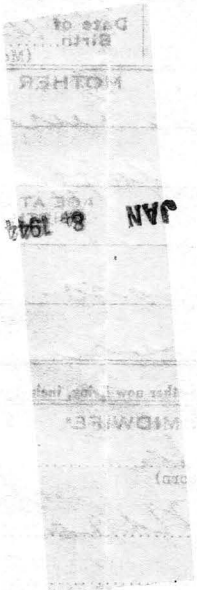
MARGIN RESERVED FOR BINDING

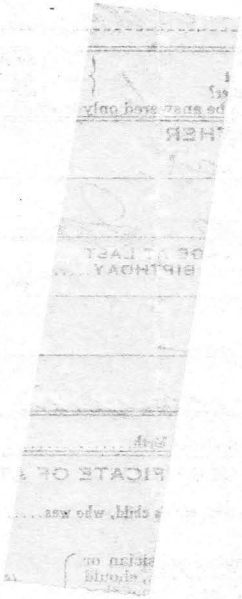
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 27 1967

JUL 13 1972





Amended 9/7/71

355-208-040-315

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Wallace Kellogg

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 25 File No. 8954

No —, —— St.

Primary Registration District No. 2105 Registered No. ——

Hospital —

FULL NAME OF CHILD Margaret Elizabeth Lee

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate	Date of birth (Month)	(Day)	(Year)
F	One	1st	Yes	Sept	8	1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	James Lee	FULL MAIDEN NAME Pearl Connon
RESIDENCE	Kellogg	RESIDENCE Kellogg
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE North Carolina
OCCUPATION	Foreman Hill's Mine	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 5:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Mowry

Physician

(Physician or Midwife)

Address Wallace Ida.

Given names added from a supplemental report

Sept 20, 1912

Chas. A. Dettman Registrar

Filed Sept 19 12 Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

NOV 5 1970

SEP 1 9 1944

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
AUG 30 1971
Bureau of Vital Statistics

State of Idaho
County of Kootenai } ss.

Certificate No. 8954

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Margaret Elizabeth Lee who was born on Sept. 8, 1912
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)

in Kellogg, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by prepared on , are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's birthplace	Oregon	North Carolina

Subscribed and sworn to before me this 27th day of August, 19 71

Dyluna M. Spain
Notary Public residing at Coeur d'Alene
My commission expires October 20, 1973.
(Seal)

Signed Mrs. James R. (Pearl) Lee
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
616 Coeur d'Alene Avenue
Coeur d'Alene, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Kootenai } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of August, 19 71

Dyluna M. Spain
Notary Public, residing at Coeur d'Alene
My commission expires October 20, 1973.
(Seal)

Signed Mrs. Wm. E. (Mae) Hovey
(Signature of Any Credible Person)
630 Lincoln Way
Coeur d'Alene, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 6/11/71 nm

Family Register from Family Bible gives father's name as James R. Lee born March 24, 1883 at Lercester, N.C. son of Ruben F. Lee and Althea Lee. Mother's name as Lillie Pearl Lee born Oct. 29, 1884 at Weaverville, N.C. daughter of John R. Cannon and Eliza Cannon. Viewed By V. S.

SEP 7 1971

Certificate of Death for James Reuben Lee. Died March 6, 1939 in Coeur d'Alene, Id. Date of birth Mar. 24, 1882. birthplace Ashville, N.C. Son of Reuben Francis Lee and Althea West. Viewed by V. S.

763 - 1[illegible]040 - 253

Form V. S. No. 11-C[illegible]20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Silver King

No. ..... St.

Registration District No. 25 File No. 8955

Primary Registration District No. 2104 Registered No. .....

Hospital .....

FULL NAME OF CHILD WILLIAM BERNARD GOLSONG

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	/	/	Yes	7 / 7 / 1912

FATHER	MOTHER
FULL NAME William Adam Walter Golsong	FULL MAIDEN NAME Della Bellasine
RESIDENCE Silver King	RESIDENCE California
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 20 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Idaho.	BIRTHPLACE White.
OCCUPATION Miner	OCCUPATION House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed Sept 18 19 12 Dr. Chas. G. Dittman

S-Y CO 20174 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C 10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Sacramento }

Certificate No. 8955

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for William Bernard Golsong (Name on Original Certificate) who was born (Was Born or Died) on July 7 1912 (Date of Event)
in Kellogg Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptism Cert. (Bible Record, Insurance Policy, Etc.) prepared on Aug 30 1914 (Give Date), are: ✓

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Charles	William Bernard Golsong
Father's name	Willie	William Adam Golsong

Subscribed and sworn to before me this 29
day of June, 1942
Thomas J Hasman
Notary Public, residing at Sacramento Calif.
My commission expires Mar 23 1943
(Seal)

Signed William Adam Golsong
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3339 T St Sacramento Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Sacramento }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of June, 1942
Thomas J Hasman
Notary Public, residing at Sacramento Calif.
My commission expires Mar 23 1943
(Seal)

Signed Mary Wafer
(Signature of Any Credible Person Other Than Previous Year)
4820-9th Ave Sacramento Calif
(Street Address, City, State)

JUL 3 1942

JUL 7 1942

419 - 215-040-551

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Silver King

No. ..... *St.*

Registration District No. 25 **File No.** 8956

Primary Registration District No. 2104 **Registered No.** .....

Hospital Alba Liberal

FULL NAME OF CHILD [redacted] Marra

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	1		1	yes	7 / 15 / 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Domonick Marra	FULL MAIDEN NAME: Eva Marra
RESIDENCE: Silver King	RESIDENCE: Silver King
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Italy	BIRTHPLACE: Italy
OCCUPATION: Miner	OCCUPATION: House wife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 18 1912 Dr. Chas. A. Dittman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

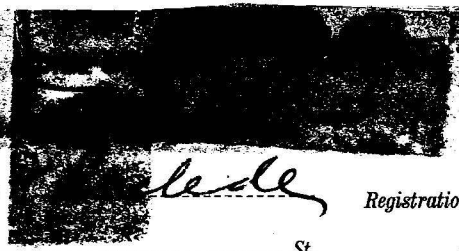
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 26 1967

JUL 21 1961

APR 2 1975



Form U. S. No. 11-C—Modified

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

City Teale Registration District No. 8 File No. 8957

No. ____, ____ St. Primary Registration District No. 2033 Registered No. 922

Hospital ____

FULL NAME OF CHILD Pauline Merritt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	first	yes	Oct 4, 1911

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl S Merritt	Clara Temperance Price
RESIDENCE	Harlem Ida	Harlem Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	26
BIRTHPLACE	Strator Ill.	Garfield Wn
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Friday 4th Oct 1911 (Born alive or stillborn), at 7.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fredrick W. Didier

Teale Idaho (Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Oct 21 1911 M. McKinnon Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

281-211-009-294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-1[illegible]

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 8958

Primary Registration District No. 2033 Registered No. 223

FULL NAME OF CHILD Vernice G. S Larai

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		3	Yes	Oct 11 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wellington Sharai	Agnes Simmons
RESIDENCE	Hope, Ida	Hope
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	65	24
BIRTHPLACE	Mich	Minn.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

Physician

(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 21 1912 M McKinnon Registrar

8-Y CO. 20174

SEP 17 1942

253 - 219 - 205 - 85-4

PLACE OF BIRTH

STATE OF IDAHO — U.S. No. II
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 8 — File No. 8959

No. ____ St.

Primary Registration District No. 2033 — Registered No. 224

Hospital ____

FULL NAME OF CHILD Evelyn Marie Beckman

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	____	5	yes	Oct 14 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred P. Beckman	Sadie De Mars
RESIDENCE	Sandpoint Idaho	Sandpoint Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	24
BIRTHPLACE	Ill	Wis.
OCCUPATION	Plasterer	Housewife

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Cannon
Phy.
(Physician or midwife)

Address Sandpoint Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 21 1912 M. McKinnon
Registrar

.....
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

(County of

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED VITAL STATISTICS FEB 22 2 25 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of WASHINGTON } ss.
County of Pierce }

Certificate No. 8959

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Beckman (Female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 14, 1912 (Date of Event)
in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Evelyn Marie Beckman

Subscribed and sworn to before me this 20th day of February, 19 73

Ruth A. Nelson

Notary Public, residing at Tacoma

My commission expires July 28, 1973

(Seal)

Signed Kathryn L. Beckman Mother*
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

1704 So. 132nd Parkland Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 2/6/73 $1 ck. ret'd.

Remembrance of the first Holy Communion gives name as Evelyn Beckman. Dated May 13, 1923. Viewed by V. S.

MAY 9 1973

Elementary School Diploma gives name as Evelyn Beckman. From Washington. Dated June 1, 1927. Viewed by V. S.

Ins. Policy with Occidental Life Insurance Compay gives name as Evelyn Marie Hansen, Wife (as Beneficiary. Member's name given as Harold F. Hansen. Dated Jan. 18, 1949. Viewed by V. S.

Certif. of Marriage from Washington gives name of groom as Harold F. Hansen and the bride's name as Evelyn M. Beckman. Dated Feb.26, 1936. Viewed by V. S.

912 - 119-009-349

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Eagle

No. ____ St.

Hospital ____

Registration District No. 8 File No. 8961

Primary Registration District No. 2033 Registered No. 226

FULL NAME OF CHILD XXXXXXXXXXXX XXXXXXXX JOHN NATHAN RASH

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 19 1912

FATHER	MOTHER
FULL NAME Lee Rash	FULL MAIDEN NAME Lillian Turnbull
RESIDENCE Eagle	RESIDENCE Eagle -
COLOR Wht AGE AT LAST BIRTHDAY 24 (Years)	COLOR White AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Wash -
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician

(Physician or midwife)

Address Sandpoint Ida

Given names added from a supplemental report

....19....

....Registrar

Filed Oct 25 1912 M McKinnon

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-2

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Missouri } ss.
County of Jackson

Certificate No. 8961

JAN 12 19

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for John Nathan Rash (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct. 19, 1912 (DATE OF EVENT)
in Eagle Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Audry Rash-	John Nathan Rash
Sex	Female	Male

Subscribed and sworn to before me this 12th day of January, 19 42.

Julie May Dorworth
Notary Public, residing at Kansas City, Mo.
My commission expires Sept 27, 1943.
(SEAL)

Signed Mrs Lillian Crowell
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
4936 Bellefontaine, Kansas City, Mo
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Missouri } ss.
County of Jackson

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of January, 19 42.

Julie May Dorworth
Notary Public, residing at Kansas City, Mo.
My commission expires Sept 27, 1943
(SEAL)

Signed Hazel May
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Drexel Mo.
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 15 1942 By
(REGISTRAR'S SIGNATURE)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH

JAN 19 1942

State of .....)

Certificate No. .....

291-120-009-291

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 8 File No. 8962

No. ____ St.

Primary Registration District No. 2033 Registered No. 227

Hospital ____

FULL NAME OF CHILD Richard Krause

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 20 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter Krause	Caroline Krause
RESIDENCE	Sandpoint, Ida.	Sandpoint Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	40
BIRTHPLACE	Germany	Canada
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~), at ____ M. on the date above stated.

(Signature) M. McKinnon

Physician

(Physician or midwife)

Address Sandpoint Ida.

Filed Oct 25 1912 M. McKinnon

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____ 19____

____

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 10 1941

251-221-009-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 1 [redacted]

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended 4/1/75

Registration District No. 8

File No. 8963

Primary Registration District No. 2033

Registered No. 228

FULL NAME OF CHILD Hazel Marie Beaulieu

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)		2	Yes	Oct 21 1912

FATHER		MOTHER	
FULL NAME	Paul Beaulieu	FULL MAIDEN NAME	Josephine Anderson
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Wisconsin	BIRTHPLACE	Minnesota
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 2 (Born alive ~~or stillborn~~), at 2 A. M. on the date above stated.

(Signature) M. McKinnon

Physician

(Physician or midwife)

Address Sandpoint Ida.

Filed Oct 25 1912 M. McKinnon

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

SEP 1 7 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS FEB 13 9 45 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss
County of Spokane

Certificate No. 8963

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Hazle Marie Beaulier (Name on Original Certificate) who was born (Was Born or Died) on Oct. 21, 1912 (Date of Event)
in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Graduation Certif. (Bible Record, Insurance Policy, Etc.) prepared on June 4, 1934 (Give Date) a personal Knowledge, are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Hazle Marie Beaulier	Hazel Marie Beaulieu
father's last name	Beaulier	Beaulieu

Subscribed and sworn to before me this 6 day of February, 1975

Randall E. Flanagan

Notary Public, residing at Spokane

My commission expires Aug 1, 1976

(Seal)

Signed Betty M. McCaughan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of February, 1975

Randall E. Flanagan

Notary Public, residing at Spokane

My commission expires Aug 1, 1976

(Seal)

Signed Margaret Kilcoyne
(Signature of Any Credible Person)

W 106 Nora Ave
(Street Address, City, State)
Spokane Wash 99205

FORM DH 60-155

CL 9/17/74 lbc pd. rec. # 15349

Social Security card (533-12-9159) gives name as Hazel Marie Beaulieu dated 7-21-39. viewed by V. S.

APR 14 1975

Five Yearl standard Elementary Certificate gives name as Hazel Marie Beaulieu from Common Schools of the State of Washington. dated July 1, 1934. viewed by V. S.

Certificate of Baptism from Our Lady of Lourdes Church gives name as Henry Leopold Beaulieu child of Henry Beaulieu and Marie ~~K~~ Lanoueffe. born May 14, 1882 at Rice Lake, Wis. Baptized May 16, 1882. viewed by V. S.

Certif. of birth from Washington from Francis William Beaulieu born June 22, 1926 at Spokane, Wash. father's name given as Paul Beaulieu and mother's name as Josephine Anderson. viewed by ~~R~~.V. S.

436 - 12-009-651

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

[redacted] STATE BOARD OF [redacted] STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 8 File No. 8964

No. ____ St.

Primary Registration District No. 2033 Registered No. 229

Hospital ____

FULL NAME OF CHILD HAROLD CLARENCE McWILLIAMS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Oct 21 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm McWilliams	Helen Weaver
RESIDENCE	Sandpoint	Sandpoint
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	21
BIRTHPLACE	Oregon	Indiana
OCCUPATION	Clerk	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 8A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician

(Physician or midwife)

Address Sandpoint Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 25 1912 M. McKinnon

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

Form V. S. No. 11-O-20m-3-15-12

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 8964

Date Filed McWilliams

The undersigned does solemnly swear that certain facts on the certificate of Harold Clarence (Birth or Death)
for Harold Clarence McWilliams (Name on Original Certificate) who was born (Was Born or Died) on Oct. 21 1912 (Date of Event)
in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Harold Clarence McWilliams
no corrections	Should be Harold Clarence McWilliams	

Subscribed and sworn to before me this 15th day of October, 19 42

L. D. Stong

Notary Public, residing at Spokane

My commission expires March 19th, 1944
(Seal)

Signed mother Helen Lydia McWilliams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2918 E Diamond Spokane Wn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of October, 19 42

L. D. Stong

Notary Public, residing at Spokane

My commission expires March 19th, 1944
(Seal)

Signed Aunt Mrs Beatrice Kent
(Signature of Any Credible Person Other Than Previous Year)

3108 E. Hoffman Spokane Wash.
(Street Address, City, State)

JAN 20 1959

OCT 21 1942

432 -213 -009-693

Form V. S. No. 11-C—20m-3-12-[illegible]

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 — File No. 8965

Primary Registration District No. 2033 — Registered No. 216

FULL NAME OF CHILD _____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth?
Female			yes	Sept 13 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME	Dewitt McKinney	FULL MAIDEN NAME: Ella Wilson
RESIDENCE	Sandpoint	Sandpoint
COLOR	White	White
AGE AT LAST BIRTHDAY	39 (Years)	30 (Years)
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinney

Physician

(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Oct 21 1912 M. McKinnon Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

(County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. H-0—20m-7-15-13

No. 3965

259-205-009-693

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Registration District No. 8 File No. 8966

Primary Registration District No. 2032 Registered No. 217

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Sept 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Bertrand	Blanch Williams
RESIDENCE	Sandpoint Ida	Sandpoint Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	38
BIRTHPLACE	Mich	Mont
OCCUPATION	Sawyer	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Kinno

Physician

(Physician or midwife)

Address Sandpoint Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 21 1912 M. McKinnon

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C-20m-2-15-12

PLACE OF BIRTH

County of

944-123-009-219

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8967

County of Bonner

City of Sandpoint

No. ____ St.

Registration District No. 8 File No. ____

Primary Registration District No. 2032 Registered No. 218

Hospital ____

FULL NAME OF CHILD Richard Brewster Rummel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Boy		2	yes	April 23 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME	Harry C. Rummel	FULL MAIDEN NAME Molly Barnes
RESIDENCE	Sandpoint Ida	RESIDENCE Sandpoint, Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	28 (Years)	24 (Years)
BIRTHPLACE	Kas	BIRTHPLACE Ill
OCCUPATION	Banker	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. McKinnon, Phys. (Physician or midwife)

Address Sandpoint Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 21, 1912 M. M. McKinnon

.....
Registrar

5-Y CO. 20174

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

815-123-009-866

PLACE OF BIRTH

STATE OF [redacted]

U. S. No. 11-C—20m-2-15-12

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Kootenai

Registration District No. 8 File No. 8968

No. St.

Primary Registration District No. 2032 Registered No. 219

Hospital

FULL NAME OF CHILD Henry Haney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 23 1912

FATHER		MOTHER	
FULL NAME	Arthur Haney	FULL MAIDEN NAME	Hettie Howard
RESIDENCE	Kootenai	RESIDENCE	Kootenai
COLOR	White	AGE AT LAST BIRTHDAY (Years)	46
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ohio.	BIRTHPLACE	Ohio.
OCCUPATION	Barber	OCCUPATION	House work & Cook

Number of child of this mother, including present birth Seven (7) Number of children of this mother now living, including present birth (5) Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. A. Potter

Physician

(Physician or midwife)

Address Kootenai. Box 147

Given names added from a supplemental report

.....19.....

.....Registrar

Filed Oct 21 1912 M. McKinnon

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-15-41

917-224-009-231

Amended 3-6-62

(Be sure the information is complete and accurate)

State File No. 8969
Local Reg. No. 220
Reg. Dist. No. 8

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Bonner	a. STATE: Idaho b. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Jovita	Lorraine	Ragland

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH	(Month)	(Day)	(Year)
Girl	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]		Sept.	24,	1912

FATHER OF CHILD

7. FULL NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	Charles		Ragland	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
36 YEARS	Kans.	Transfer	

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
	Grace		Stamm	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
32 YEARS	Kans.	2	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE	18b. ATTENDANT AT BIRTH
M. C. McKinnon	M. D. [X] MIDWIFE [ ] OTHER (Specify)
18c. ADDRESS: Sandpoint, Idaho	18d. DATE SIGNED

19. DATE REC'D BY LOCAL REG.	20. REGISTRAR'S SIGNATURE	21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)
Oct. 21. 1912	M. McKinnon	

DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this articl with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be r attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in suc case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birtl Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mun cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charge with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certif cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 8969

Primary Registration District No. 2033 Registered No. 220

FULL NAME OF CHILD Lorine Hoots Rayland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		3	yes	Sept 2 1912

FATHER	MOTHER
FULL NAME Chas Rayland	FULL MAIDEN NAME Grace Sloan
RESIDENCE Sandpoint	RESIDENCE Sandpoint
COLOR white	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Kans	BIRTHPLACE Kans
OCCUPATION Logger	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon MD

(Physician or midwife)

Address Sandpoint Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 21 1912 M. McKinnon

Registrar

8-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1962

Documents listed on back –

IDAHO DEPARTMENT OF HEALTH –

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of S[illegible]

Certificate No. 8969

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lorline Hoveta Ragland (Name on Original Certificate) who was born (Was Born or Died) on Sept. 24, 1912 (Date of Event)
in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Lorline Hoveta Ragland	Jovita Lorraine Ragland
Mother's Maiden Name	Grace Slam	Grace Stamm

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of February, 19 62

Notary Public, residing at Spokane
My commission expires November 4, 1962
(Seal)

Charles A. Ragland
Signed Charles A. Ragland
(Signature of Any Credible Person)

N. 5025 Haven, Spokane 28, Washington
(Street Address, City, State)

FORM DH 60-155 CL 2-16-62. nm

Lewiston State Normal School, Lewiston, Idaho, Five Year Certificate, given at Lewiston, Idaho on May 29, 1933 gives full name as Jovita Lorraine Ragland - viewed by V.S.

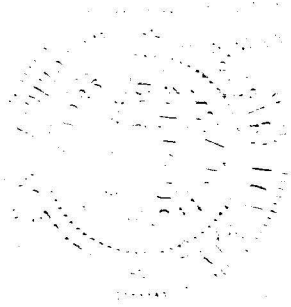
The American National Red Cross Card, dated March 9, 1928 gives full name as Jovita Lorraine Ragland - viewed by V.S. card given by the Boundary County Chapter -

Lewiston State Normal School Diploma, given at Lewiston, Idaho on May 29, 1933 gives full name as Jovita Lorraine Ragland - viewed by V.S.

Bonners Ferry High School Diploma, given at Bonners Ferry on May 21, 1931 gives full name as Jovita Lorraine Ragland - viewed by V.S.

Family Record, dated Oct. 27, 1902 gives name as Miss Grace Stamm - appears very old and unaltered - viewed by V.S.

Certificate of Marriage, March 22, 1905 at Sandpoint, Idaho gives full name of groom as Charles A. Ragland and full name of bride as Grace E. Stamm - viewed by V.S.



213-230-009-259

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8970

Registration District No. 8 File No. _____

Primary Registration District No. 2033 Registered No. 921

FULL NAME OF CHILD Alberta Backlund

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	(To be answered only in event of plural births)	4	yes	Sept 30 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Backland	Mary Bergstrom
RESIDENCE	Sandpoint	Sandpoint
COLOR / AGE AT LAST BIRTHDAY (Years)	White — 37	White — 35
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Laborer	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McLennan
Physician
(Physician or midwife)
Address Sandpoint Ida

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Oct 21 1912 M. McLennan
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 9 1948

391-112-009-815

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8971

County of Sandpoint Boundary

City of Sandpoint

Registration District No. 8 File No.

No. St.

Primary Registration District No. 2033 Registered No. 215

Hospital City Hospital

FULL NAME OF CHILD George Edark Traver

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	No	4	yes	Sept 12 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Elmer David Traver	FULL MAIDEN NAME Ruby Ora Grance
RESIDENCE Addie Ida	RESIDENCE Addie Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Pa	BIRTHPLACE Pa
OCCUPATION Teacher	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Second Physician

(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Dec 21 1912 M. McKinnon
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 18 1944

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 8972

City of Sandpoint
619-108-009-213 No. ____ St.

Registration District No. 8

Primary Registration District No. 2033

Registered No. 231

Hospital ____

FULL NAME OF CHILD Woodrow Frank David Farm

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	yes	Sept 5 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Farm	Tina Kallgren
RESIDENCE	Sandpoint	Sandpoint
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	25
BIRTHPLACE	Michigan	Sweeden
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was formalive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon
Physician
(Physician or midwife)
Address Sandpoint

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Nov 5 1912

M. McKinnon
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

234-207-009-385

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH (name added 2-23-83)

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 8 File No. 8973

No. ____ St.

Primary Registration District No. 2033 Registered No. 230

Hospital ____

FULL NAME OF CHILD Muriel Mary Stutsman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2	Yes	Sept 7 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Byron L. Stutsman	Emma May Cherry
RESIDENCE	Sandpoint	Sandpoint Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	28
BIRTHPLACE	Kansas	N. Y.
OCCUPATION	Shoemaker	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was formalive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon
Physician
(Physician or midwife)

Address Sandpoint Ida.

Given names added from a supplemental report

..... 19.....

Filed Nov. 5 1912 M. McKinnon
Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(name added 3-23-93)

County of

RECORD

RETAIN THIS A PERMANENT

RECORD FOR BINDING

2-14-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

AMENDED

FEB 22 1983

State of ARIZ
County of Pima } ss.

Certificate No. 8973
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Stutsman (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 7, 1912 (Date of Event)

in Sandpoint (Bonner) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed Stutsman	Muriel Mary Stutsman

Subscribed and sworn to before me this 16th day of February, 1983.

Notary Public, Betty Watkins

Residing at Tucson, Arizona

My commission expires My Commission Expires Nov. 5, 1986

(Seal)

x Muriel M. Thornberg
Signature of Applicant

5617 W. Rocking Circle
Street Address, City, State

Tucson, Az 85713

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ARIZ.
County of PIMA } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of February, 1983.

Notary Public, Betty J. Watkins

Residing at Tucson Az.

My commission expires My Commission Expires Nov. 5, 1986

(Seal)

lcc pd

x Edith M. Adams
Supporting Signature

x 5618 W. Rocking Circle
Street Address, City, State

Tucson Ariz. 85713

Certification of Age from the University of the State of New York State Education Dept Dept of Attendance and Employment Certificating City School District Rochester, New York gives Muriel M Stutsman was born 9- 7, 1912 Certificate dated 11-6-67. Viewed by V.S.

FEB 23 1983

Certificate of Baptism from Church of St. Joseph in Sandpoint, Idaho gives Muriel Mary Stutsman child of Byron Stutsman and Ann M Cherry born in Sandpoint on Sept 7, 1912 and was baptised Oct 27, 1912. Viewed by V.S.

[redacted]-126-009-443

[redacted] OF BIRTH

[redacted] HO

[redacted] Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

County of Bonner,

City of Sandpoint,

No. [redacted], [redacted] St.

Hospital [redacted]

Registration District No. 8 File No. 8974

Primary Registration District No. 2033 Registered No. 210

FULL NAME OF CHILD George Wm. McDade

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			Yes.	Aug. 26, 1912

FATHER	MOTHER
FULL NAME: Patrick J. Mc Dade,	FULL MAIDEN NAME: Emma Duthie,
RESIDENCE:	RESIDENCE:
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Canada.	BIRTHPLACE: Quebec
OCCUPATION: Laborer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth: 5th.

Number of children, of this mother, now living, including present birth: 5th.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4:30 A.M. on the date above stated.

(Signature) C. F. Paye M.D.

(Physician or Midwife)

Address [redacted]

Filed Oct 21 1912 M. McKinnon Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

[redacted], 19[redacted]

[redacted] Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMA[redacted]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, in order of birth stated

DEC 8 1966

Dup of 12-307671

819-126-009-113

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

8975

County of Bonner

City of _____

No. _____, _____ St.

Hospital _____

Registration District No. 8 File No. _____

Primary Registration District No. 2033 Registered No. 211

FULL NAME OF CHILD Robert Hazel

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	Single		2d	yes	Aug 26, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clifford H Hazel	FULL MAIDEN NAME	Caroline Jackins
RESIDENCE	Laclede Idaho	RESIDENCE	Laclede Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Bloomingdale Mich	BIRTHPLACE	Halton Maine
OCCUPATION	Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Aug 26, 1912 at 5:30 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred W Didier MD

Dr. F. W. Didier

(Physician or Midwife) Laclede, Idaho

Address _____

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed Oct 21 1912 M. McKinnon Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 9 1959

396-120-009-485

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. [illegible] 20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

8976

County of Bonner

City of Coeur d'Alene Registration District No. 8 File No.

No. ____, ____ St. Primary Registration District No. 2033 Registered No. 209

Hospital ____

FULL NAME OF CHILD SAMUEL THOMAS Crockett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	2d	Yes	Aug. 20, 1912

	FATHER	MOTHER
FULL NAME	William E Crockett	Bessie Dyer
RESIDENCE	Harlem, Idaho	Harlem Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	29
BIRTHPLACE	Marshall, Saline Co Mo	Nevada Mo
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Aug. 20. 1912, at 2:25 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fredk W. Didier M.D.

Coeur d'Alene Idaho

(Physician or Midwife)

Given names added from a supplemental report

____, 19____

Address ____

Filed Oct 21 1912 M. McGuinness

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana }
County of Cascade } ss.

Certificate No. 8976

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Samuel Thomas Crockett (Name on Original Certificate) who was born (Was Born or Died) on August 20, 1912 (Date of Event) in Harlem Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on August 20, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Samuel Thomas Crockett

Subscribed and sworn to before me this 2nd day of July, 1942

Notary Public, residing at Great Falls Mont

My commission expires April 16, 1944 (Seal)

Signed Bessie Dyer Crockett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Portage Mont.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana }
County of Cascade } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of July, 1942

Notary Public, residing at Great Falls, Mont

My commission expires April 16, 1944 (Seal)

Signed Asa Allen Vessey
(Signature of Any Credible Person Other Than Previous Year)

1307 - 4th Ave. S.
(Street Address, City, State)
Great Falls, Mont

JUL 6 1942

JUL 7 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

864-212-009-569

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Laclede Idaho Registration District No. 8 File No. 8978

No. ____, ____ St. Primary Registration District No. 2033 Registered No. 206

Hospital ____

FULL NAME OF CHILD Juanita Mary Emma Yount

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single (To be answered only in event of plural births)	2d	yes	Aug. 12, 1912

FATHER		MOTHER	
FULL NAME	Clarence Yount	FULL MAIDEN NAME	Lettie Adelma Norman
RESIDENCE	Laclede, Idaho	RESIDENCE	Laclede, Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Fairfield, Wash	BIRTHPLACE	Rensselear Indiana
OCCUPATION	Laborer (Pole Yard)	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive August 12, 1912 at 4-45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fredrick W. Didier

Dr. F. W. Didier,
(Physician or Midwife) Laclede, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Oct 21 19 12 M. McClimmon Registrar

S-Y CO., 16670

294-68-009-791

PLACE OF BIRTH

Form V. S. No. B-C—Rev. 20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner.

City of Sandpoint,

No. 520 Boyer Ave. St.

Hospital

Registration District No. 8 File No. 8979

Primary Registration District No. 2033 Registered No. 204

FULL NAME OF CHILD Jay Douglas Simpson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 8, 1912

FATHER	MOTHER
FULL NAME: Doc Simpson	FULL MAIDEN NAME: Mable Grant.
RESIDENCE: Sandpoint, Idaho.	RESIDENCE: Sandpoint, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: Minnesota
OCCUPATION: Barber	OCCUPATION: Housewife.

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Page M. D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address.....

Filed Oct 21 1912 M. McKinnon

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No.....
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for No Name Simpson (Name on original certificate) who Was Born (Was born or died) on Aug. 8 1912 (Date of event)
in Sandpoint Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by.....(Bible record, insurance policy, etc.) prepared on.....(Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	No Name Simpson	Jay Douglas Simpson

Subscribed and sworn to before me this.....
day of....., 19.....

.....
Notary Public, residing at.....
My commission expires.....
[SEAL]

Signed.....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Parents Dr. Both Deceased
(Street Address, City, State)

Supporting Affidavit of a Second Person

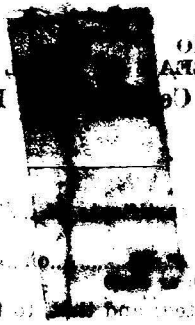
State of.....
County of..... } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31
day of July, 1941
Otto Eckmeyer
Notary Public, residing at Los Angeles
My Commission Expires September 23, 1942
My commission expires.....
[SEAL]

Signed Hazel Conyers (aunt)
(Signature of any credible person other than the previous affiant)
463 HARTFORD LOS ANGELES CALIF
(Street Address, City, State)

Received for filing on.....by.....
(Registrar's signature)



AUG 5 1974

815-206-009-386

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 8 File No. 8980

No. ____ St.

Primary Registration District No. 2033 Registered No. 202

Hospital ____

FULL NAME OF CHILD — Hangness Theresa Olivia

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)	3	yes	Aug 6 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Nicholas Hangness	Louisa Thomason
RESIDENCE	Sandpoint Ida.	Sandpoint
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	41
BIRTHPLACE	Norway	Minn.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician

(Physician or midwife)

Address Sandpoint Ida

Given names added from a supplemental report

....19....

....
Registrar

Filed Oct 21 1912 M McKinnon
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 3-18-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

City of [illegible] Registration District No. [illegible] File No. [illegible]

No. ____, ____ St.

Primary Registration District No. 2033 Registered No. 199

Hospital ____

FULL NAME OF CHILD Charles Andrew Gish

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	single	2d	yes	Aug 1 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Oscar Lee Gish	Ida Atwood
RESIDENCE	Coeur d'Alene Idaho	Coeur d'Alene Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	23
BIRTHPLACE	Salem Va	Crete, Neb
OCCUPATION	Mill Hand	Housewife

Number of child of this mother, including present birth 2d

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Aug 1. 1912, at 6.05 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fredrick Didier

Coeur d'Alene Idaho

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Registrar

Address .....

Filed Oct 21 19 W. McKinnon

Registrar

S-Y CO., 16670

255-20-[illegible]-168

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 8982

Primary Registration District No. 2022 Registered No. 199

FULL NAME OF CHILD Joseph Benson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		7	yes	Aug 1 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ole. Benson	
RESIDENCE	Sandpoint	Josephine Johnson Sandpoint
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	37
BIRTHPLACE	Norway	Minn.
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. McKinnon

Physician

(Physician or midwife)

Address Sandpoint Idaho

Given names added from a supplemental report

____ 19____

____ Registrar

Filed Oct 21 1912 W. McKinnon Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

433-229-009-358

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 8983

Primary Registration District No. 2033 Registered No. 198

FULL NAME OF CHILD Emma Jerene Joseph McClarty

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		3	yes	July 28 191

	FATHER	MOTHER
FULL NAME	Wm McClarty	FULL MAIDEN NAME Elsie Leyella
RESIDENCE	Sandpoint	RESIDENCE Sandpoint
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years) 23
BIRTHPLACE	Canada	BIRTHPLACE Montana
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at _____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician (Physician or midwife)

Address Sandpoint Ida

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Oct 21 1912 M. McKinnon Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 15 1943

551-127-009-297

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

8984

County of Bonner

City of Laclede — Registration District No. 6 — File No.

No. ____, ____ St. — Primary Registration District No. 2033 — Registered No. 196

Hospital

FULL NAME OF CHILD John Sigler Evans

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	first	yes	July 27, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John H Evans	Augusta B Sigler
RESIDENCE	Laclede Idaho	Laclede Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	27 (Years)	29 (Years)
BIRTHPLACE	Gallipolis Ohio	Gallipolis Ohio
OCCUPATION	School teacher	Housewife

Number of child of this mother, including present birth: One

Number of children, of this mother, now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) July 27, 1912, at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred W. Dibble

Laclede Idaho

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Dec 21 1912 M McGuinness

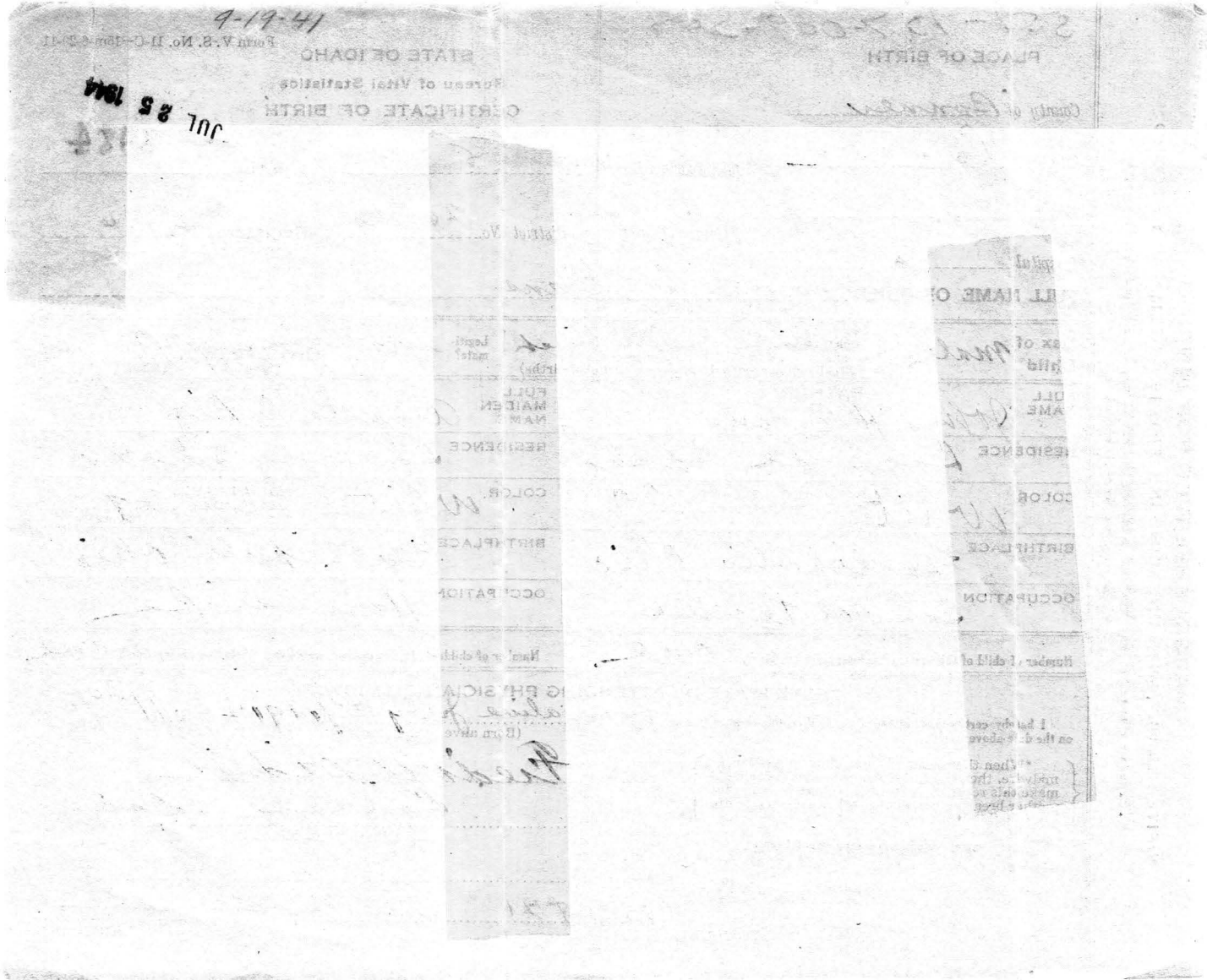
Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



349-227-009-519

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8985

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Registration District No. 8 File No. .....

Primary Registration District No. 2033 Registered No. 195

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		3	Yes	July 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Dick Turpin	Agnes Early
RESIDENCE	Sandpoint	Sandpoint
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	26
BIRTHPLACE	Mo.	Wis.
OCCUPATION	Conductor	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. McKinnon

Physician

(Physician or midwife)

Address Sandpoint Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 21 1912 M. McKinnon

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

389-123-009-963

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8987

County of Bonner

City of Sandpoint

Registration District No. 8 File No.

No. St.

Primary Registration District No. 2033 Registered No. 192

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				July 23 1912

FATHER		MOTHER	
FULL NAME	W. W. Thibadeau	FULL MAIDEN NAME	Bertha Rollins
RESIDENCE	Clarkfork	RESIDENCE	Clarksfork
COLOR	White	AGE AT LAST BIRTHDAY (Years)	48
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Canada	BIRTHPLACE	Mass.
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician

(Physician or midwife)

Address Sandpoint, Ida.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Oct 21 1912 M. McKinnon
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

231 - 209-009-866

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Kootenai

No. ..... St.

Registration District No. 8 File No. 8988

Primary Registration District No. 2133 Registered No. 189

Hospital .....

FULL NAME OF CHILD Naomi Elizabeth Black.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		13	yes	July 9th 191?

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Otto Black	Jewel Hood
RESIDENCE	Kootenai	Kootenai
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	California	Texas
OCCUPATION	Millhand.	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 20 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Will H. Potter. M.D

Physician (Physician or midwife)

Address Kootenai Boundary Co. Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 21 19 17 M. McGinnis

..... Registrar

5-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 20 1954

MAR 27 1944

211-009-326

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

11-C—20m-2-15-12

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 619 Superior St.

Hospital

Registration District No. 8 File No. 8989

Primary Registration District No. 2033 Registered No. 179

FULL NAME OF CHILD IRENE NEOMA LEONARD.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	Twin	3rd	yes.	July 11 1912

FATHER	MOTHER
FULL NAME: Lester E. Leonard	FULL MAIDEN NAME: Freda Troppman
RESIDENCE: Sandpoint	RESIDENCE: Sandpoint
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Mo.	BIRTHPLACE: Minn.
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) M. McKinnon

M. D.
(Physician or midwife)

Address Sandpoint

Filed July 12 19 12 M. McKinnon
Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. U-C—20m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MAR

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ } ss.
County of _____

Certificate No. 8989

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Irene Neoma Leonard (Name on Original Certificate) who was born (Was Born or Died) on July 11 – 1912. (Date of Event) in Sand Point Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptism certificate (Bible Record, Insurance Policy, Etc.) prepared on March 5th 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Irene Neoma Leonard

Subscribed and sworn to before me this 5 day of March 1942.

Notary Public, residing at Okanogan

My commission expires February 7, 1945
(Seal)

Signed Mrs Freda Rose
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

No 7 2nd Ave
(Street Address, City, State) Okanogan Wash

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of March 1942.

Notary Public, residing at Okanogan Wn

My commission expires February 7, 1945
(Seal)

Signed E. L. Leonard
(Signature of Any Credible Person Other Than Previous Year)

Box 387 Okanogan Wash
(Street Address, City, State)

MAR 19 1942

793-207-009-713

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No ____, ____ St.

Hospital ____

Registration District No 8 File No 8990

Primary Registration District No 2033 Registered No 77

FULL NAME OF CHILD Agnes A. Pickett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		1	yes	July 7, 1912

FATHER		MOTHER	
FULL NAME	Roy Pickett	FULL MAIDEN NAME	Eleo. Patrick.
RESIDENCE	Sandpoint.	RESIDENCE	Sandpoint.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Riley Co. Kansas.	BIRTHPLACE	McDowell Co. W. Va.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon M. D. (Physician or Midwife)

Address Sandpoint. Ida.

Given names added from a supplemental report

____, 19____

____ Registrar

Filed July 8 19 12 M. McKinnon Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

SEP 1 1 1968

APR 2 9 1974

FATHER	
FULL MAIDEN NAME	
RESIDENCE	
AGE AT LAST	COLOR

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 27 9 53 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Grant

Certificate No. 8990

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Pickett (female) (Name on Original Certificate) who was born (Was Born or Died) on July 7, 1912 (Date of Event)
in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Agnes Aulene Pickett

Subscribed and sworn to before me this 1st day of July, 1974

Notary Public, residing at Quincy

My commission expires 9-1-76

(Seal)

Signed Bernice Pickett Pierce
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Sandpoint Idaho (sister)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Grant

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of July, 1974

Notary Public, residing at Quincy

My commission expires 9-1-76

(Seal)

Signed Della Hood Spokane aunt
(Signature of Any Credible Person)

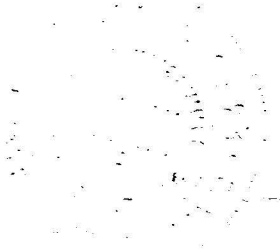
Spokane, Wash.
(Street Address, City, State)

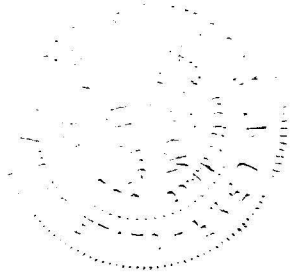
FORM DH 60-155 CL 4/26/74

Diploma from Independent School District No 0, Sandpoint, Idaho gives name as Agnes Arleen Pickett. Diplo fromm Elementrary school. ~~dx~~ dated May 26, 1927. viewed by V. S.

MAR 3 1976

Marriage License and Certif from Idaho gives names as Leland M. Weaver and Agnes Pickett. dated Aug 5, 1932. viewed by V. S.





263-226-009-154

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 8 File No. 8991

No. ____ St.

Primary Registration District No. 2033 Registered No. 128

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)	2	yes	July 26 1912

FATHER		MOTHER	
FULL NAME	Julius Folberg	FULL MAIDEN NAME	Olga Anderson
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Laborer	OCCUPATION	Laborer

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Sandpoint

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address ____

Filed July 8 1912 M. McKinnon

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

File No.

Reg

319- 223-009-689

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 8992

County of Bonner

City of Hope Ida. Registration District No. 8

No. ....., ... St. Primary Registration District No. 2035

Registered No. 234

Hospital .....

FULL NAME OF CHILD Florence Alta Carney

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				June 23, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. A. Carney	Pearl M. Whitby
RESIDENCE	Hope	Hope
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	18
BIRTHPLACE	Mich	Mich
OCCUPATION	R. R. Laborer	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Kincaid M.D.

(Physician or Midwife)

Address Hope

Given names added from a supplemental report

....., 19.....

Filed Nov 6 1912 E. M. McKinnon

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

JUL 23 1948

JUL 23 1948

AUG 23 1974

DIED ALBERTA

133 - 241-009 - 251

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Hope

No. ____, ____ St.

Registration District No. 8

File No. 8993

Primary Registration District No. 2035

Registered No. 214

Hospital ____

FULL NAME OF CHILD Bessie Almeda Allen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	Sept. 11, 1912

FATHER		MOTHER	
FULL NAME	Arthur Hensley Allen	FULL MAIDEN NAME	Helen Mary Knapp
RESIDENCE	Sand Point	RESIDENCE	Sand Point
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE		BIRTHPLACE	Nebraska
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 4.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Knapp M.D.

(Physician or ~~Midwife~~)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Oct 21 19 12 M. McKinnon Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

City of Hope Registration District No. 8 File No. 8994

No. ——, ——— St. Primary Registration District No. 2035 Registered No. 212

Hospital ———

FULL NAME OF CHILD Carroll Edison Hyde

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept 2nd, 1912

FATHER		MOTHER	
FULL NAME	Mitchel Hyde	FULL MAIDEN NAME	Bessie Lacey Hyde
RESIDENCE	Hope	RESIDENCE	Hope
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	twenty (Years)
BIRTHPLACE	Rodgerville, Christian Co. Mo	BIRTHPLACE	Douglas, Co. Mo.
OCCUPATION	Blacksmith	OCCUPATION	House Wife

Number of child of this mother, including present birth ... first

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

.....
Registrar

(Signature) .....

Mrs John A. Carlson
(Physician or Midwife)

Address Rose Bay Farm Hope, Ida

Filed Sept 19 12

.....
Registrar

S-Y CO., 16670

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

SEP 29 1960

866-124-009-133

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Clarkfork

No. ____, Ida St.

Registration District No. ____ File No. 8995

Primary Registration District No. 7-35 Registered No. 193

Hospital ____

FULL NAME OF CHILD Alva Henderson Howren Aug 24

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	~~July~~ Aug 24, 1912

FATHER		MOTHER	
FULL NAME	H. F. Howren	FULL MAIDEN NAME	Rachel A. Allen
RESIDENCE	Clark Fork	RESIDENCE	Iroco Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Minnesota
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Rowe

(Physician or ~~Midwife~~)

Address Hope

Given names added from a supplemental report

....., 19.....

Filed Oct 21 1912 M. McKinnon

Registrar

S-Y CO., 16670

Registrar

1

DEC 5 1951

STATE OF MONTANA
:SS.
COUNTY OF RAVALLI

Rachel Allen Howren, being first duly sworn on her oath deposes and says:

That she is the Mother of Alva Henderson Howren, a Son, who was born at Clarks Fork, Bonner County, State of Idaho, as per Ceritficate #8995, on August 24, 1912, inadvertently his date of birth/was recorded in his Birth Certificate as July 24, 1912, Whereas, it should have been August 24, 1912.

That this Affidavit is made for the purpose of making and correcting the birth of the said Alva Henderson Howren and for no other purpose..

Rachel Allen Howren

Mother of Alva Henderson Howren.

Subscribed and sworn to before me on this 4th., day of September, 1940.

Edward M. Dunka

Notary Public for the state of Montana, residing at Hamilton, Montana.

SSH: DIS-009-236

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C—15m-8-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Hope Ida. Registration District No. 8 File No. 8996

No. ____, ____ St. Primary Registration District No. 2035 Registered No. 183

Hospital ____

FULL NAME OF CHILD Marie Louisa Eide

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Apr. 15, 1912

FATHER		MOTHER	
FULL NAME	Jack J. Eide	FULL MAIDEN NAME	Anita Stone
RESIDENCE	Hope	RESIDENCE	Hope
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Norway	BIRTHPLACE	Ida.
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 3 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Kennedy M.D.

(Physician or ~~Midwife~~)

Address Hope Ida

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Oct 21 1912 Wm. McKinnon Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

JAN 12 1960

JAN 21 1960

463-217-009-369

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Hope

No. ____, ____ St.

Hospital ____

Registration District No. 8 File No. 8997

Primary Registration District No. 2035 Registered No. 184

FULL NAME OF CHILD Baby

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	(To be answered only in event of plural births)	9th	Yes	Apr 17th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Moy Dot	May Lon
RESIDENCE	Hope	Hope
COLOR	Yellow	Yellow
AGE AT LAST BIRTHDAY (Years)	43	43
BIRTHPLACE	China	China
OCCUPATION	Merchant	House wife

Number of child of this mother, including present birth 9th

Number of children, of this mother, now living, including present birth 6th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Knapp M.D.

(Physician or Midwife)

Address Hope Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 21 1912 M McKinnon

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

366 - 210 - 009 - 845

PLACE OF BIRTH

County of Bonner

City of Bonners Ferry

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C

Registration District No. 8 File No. 8998

Primary Registration District No. 2034 Registered No. 213

FULL NAME OF CHILD Mary Agnes Cooper

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Sept 10, 1912

FATHER		MOTHER	
FULL NAME	Ernest B. Cooper.	FULL MAIDEN NAME	Janette Anna Hunt.
RESIDENCE	Bonners Ferry.	RESIDENCE	Bonners Ferry.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Spokane, Wash.	BIRTHPLACE	Lincoln, Nebraska.
OCCUPATION	Housewife	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leslie J. Stauffer M.D.

Physician

(Physician or Midwife)

Address Bonners Ferry, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Sept. 12 - 1912

Registrar

Registrar

S-Y CO., 18670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 1 0 1975

OCT 1 4 19

312 - 115-009-458

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry

Registration District No. 8 File No. 8999

No. ....., ... St.

Primary Registration District No. 2034 Registered No. 208

Hospital .....

FULL NAME OF CHILD Thos. Noah Labrosse

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—		—	yes.	Aug. 15, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Noah Labrosse	FULL MAIDEN NAME	Alvina Meyer
RESIDENCE	Bonner Ferry	RESIDENCE	Bonner Ferry
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Canada.	BIRTHPLACE	Canada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Frey

Physician

(Physician or Midwife)

Address Bonner Ferry, Ida.

Given names added from a supplemental report

....., 19.....

Filed Aug. 15 1912 E. E. Frey

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NAME
CHANGE

LaBrosse

DUP OF 1912 D77-164

753-108-009-354 CHILD'S NAME ADDED 7-23-2010 KMT

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Addie

Registration District No. 8

File No. 9000

No. ____, ____ St.

Primary Registration District No. 2034

Registered No. 205

Hospital ____

FULL NAME OF CHILD NORMAN WAYNE PETERSON

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Aug 8, 1912

FATHER	MOTHER
FULL NAME Wm E. Peterson	FULL MAIDEN NAME Maud E. Leinwick
RESIDENCE Addie, Idaho	RESIDENCE Addie Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Lawrence, Wisconsin	BIRTHPLACE Joplin, Missouri
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer

Physician

(Physician or Midwife)

Address Bonners Ferry, Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug. 9th 1912 E. D. Fry

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE CERTIFICATE must be made for each and the number of each, in order of birth, stated.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3000

County of

City of

Registration District No.

File No.

Date

Address

Signature

Registrar

RECEIVED
JUN 2 5 2010

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Florida } SS
County of Seminole

Certificate No. 1912-9000
Date Filed 08/09/1912

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth, Death, Marriage, etc.)
for unnamed Peterson (Name on Original Certificate) who was born (Was Born, Died, etc.) on 08/08/1912 (Date of Event)
in Addie (Bonner Co), Id. (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
child's name	None	Norman Wayne Peterson

Subscribed and sworn to before me this 22 day of JUNE 2010
Notary Public, Mary Alvarez
Residing at Bank of America, Longwood FL 32779
My commission expires April 27, 2010
(Seal)

MARY ALVAREZ
Notary Public, State of Florida
Commission# DD783949
My comm. expires April 27, 2012

Signature of Applicant
111 Weeping Elm Lane Longwood
Street Address, City, State and Zip
FL 32779

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } SS
County of

(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of ,
Notary Public,
Residing at
My commission expires
(Seal)

Signature of Applicant
Street Address, City, State and Zip

June 18, 2010

MISSOURI CERTIFICATE OF DEATH #1970-0002287 NORMAN WAYNE PETERSON DIED 01-05-1970 VIEWED BY VS
COURT DOCUMENTS FILED 05-04-1970 IN THE PROBATE COURT OF JASPER COUNTY MISSOURI IN THE ESTATE OF NORMAN WAYNE PETERSON VIEWED BY VS

791-207-009-652

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry Registration District No. 8 File No. 9001

No. ____, ____ St. Primary Registration District No. 2034 Registered No. 203

Hospital ____

FULL NAME OF CHILD Pearl Gray.

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.	—		—	Yes	Aug. 7, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Wm Gray	FULL MAIDEN NAME Hildur Westerlund
RESIDENCE	Bonners Ferry	Bonners Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	19
BIRTHPLACE	Washington	Wisconsin
OCCUPATION	Blacksmith.	Housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry.

Physician. (Physician or Midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Aug. 15 - 1912.

E E Fry.
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Ism-6-20-11

PLACE OF BIRTH

County of

City of

No.

Hospital

FULL NAMES OF C

MISSION RESERVE

WRITE PLAINLY. WITH UNFADING IN

In case of twin or triplet, a separate

to each legal

819-205-009-719

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

9002

County of Boner

City of Bonner Ferry, Registration District No. 8 File No.

No. , St.

Primary Registration District No. 2034 Registered No. 201

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes.	Aug. 5th 1912.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward A. Hart.	Clara Garvik.
RESIDENCE	Bonner Ferry	Bonner Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	22.
BIRTHPLACE	Ohio	Minn.
OCCUPATION	Brakeman	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) E. E. Fry.

Physician

(Physician or Midwife)

Address Bonner Ferry, Ida.

Filed Sept. 9 - 1912 E. E. Fry.

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

454-203-009-993

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry

Registration District No. 8 File No. 9003

No. ____, ____ St.

Primary Registration District No. 2034 Registered No. 200

Hospital ____

FULL NAME OF CHILD Mpelba Marie Dement.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	yes	Aug. 3, 1912.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James G. Dement.	Mai Richardson.
RESIDENCE	Bonners Ferry	Bonners Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	23
BIRTHPLACE	Texas.	Texas.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry.

Physician (Physician or Midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report

....., 19.....

Filed Aug. 3 1912 E. E. Fry. Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 2 2 1942

239-229-009-453

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

9004

County of Bonner

City of Bonners Ferry Registration District No. 8 File No.

No. ____, ____ St. Primary Registration District No. 2034 Registered No. 197

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.	—	—	yes	July 29, 1912.

FATHER		MOTHER	
FULL NAME	Walter Straw	FULL MAIDEN NAME	Flossie Delap.
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Iowa.	BIRTHPLACE	Minn.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

WRITE PLAINLY.

N. B. In case of more than one child at birth, a SEPARATE RETURN of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry.

Physician (Physician or Midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report

____, 19____

____ Registrar

Filed July 29 19 12. E. E. Fry. Registrar

S-Y CO., 16670

296-115-009-365

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonner

City of Copeland

No. ____, ____ St.

Hospital ____

Registration District No. 8 File No. 9005

Primary Registration District No. 2034 Registered No. 190

FULL NAME OF CHILD Robert Krouse

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	— (To be answered only in event of plural births)	—	yes	July 15, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Krause	Mary Conlon
RESIDENCE	Copeland, Idaho	Copeland, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	48	37
BIRTHPLACE	Iowa	Ireland
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Midwife (Physician or Midwife)

Address Copeland, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 27 - 19 12 E E Fry

Registrar

S-Y CO., 16670

415-217
009-419

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry Registration District No. 8 File No. 9006

No. ____, ____ St. Primary Registration District No. 2034 Registered No. 191

Hospital ____

FULL NAME OF CHILD Helen Maness. HAZEL ALWILDA MANESS

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.	— (To be answered only in event of plural births)	—	Yes.	July 17, 1912.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Perry N. Maness.	Margaret Martin.
RESIDENCE	Bonners Ferry	Bonners Ferry
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	43	29
BIRTHPLACE	Indiana.	Mich.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6. Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry.

Physician (Physician or Midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report

....., 19.....

Filed July 29 1912. E. E. Fry. Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Whatcom } ss.

Certificate No. 9006

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Helen Maness (Name on Original Certificate) who was born (Was Born or Died) on July 17th, 1912 (Date of Event)

in Bonners Ferry, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Helen	Hazel Alwilda Maness

Subscribed and sworn to before me this 20th day of July 19 42

Notary Public, residing at Bellingham, Wash.

My commission expires March, 1st, 1943 (Seal)

Signed Perry Nathiena Maness (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Brother

2004½ Broadway Bellingham Wash (Street Address, City, State)

Born in Grand Rapids, Minn. on Sept. 17, 1905

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Whatcom } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of July 19 42

Notary Public, residing at Bellingham, Wash.

My commission expires March, 1st, 1943 (Seal)

Signed Newton E. Palmer (Signature of Any Credible Person Other Than Previous Year)

Husband of applicant

1415 J Street

Bellingham, Wash. (Street, City, State)

APR 24 1975

JUL 29 1942

437-105-009-913

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry Registration District No. 8 File No. 9007

No. ____, ____ St. Primary Registration District No. 2037 Registered No. 187

Hospital ____

FULL NAME OF CHILD Kenneth Earl McGlocklin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	July 6th 1912

	FATHER	MOTHER
FULL NAME	James McGlocklin	FULL MAIDEN NAME Grace Ratcliff
RESIDENCE	Bonners Ferry	Bonners Ferry
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	23	24
BIRTHPLACE	Iowa	Kansas.
OCCUPATION	Laborer	Housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry.

Physician (Physician or Midwife)

Given names added from a supplemental report

____, 19__

____ Registrar

Address Bonners Ferry, Ida.

Filed July 10 19 12 E E Fry. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912-9012

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Boundary }

Certificate No. 9007

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Kenneth Earl McGlocklin (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 5th 1912 (DATE OF EVENT)
in Bonners Ferry (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on May 2nd 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Kenneth Earl McGlocklin
birthdate	July 6, 1912	July 5, 1912

Subscribed and sworn to before me this 2nd
day of May, 19 42

J. W. Reid
Notary Public, residing at Bonners Ferry
My commission expires Sept. 20th 1944
(SEAL)

Signed Mrs Grace McGlocklin
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Bonners Ferry, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 5 1942 By
(REGISTRAR'S SIGNATURE)

1949

666 - 109-009-253

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry

Registration District No. 8 File No. 9008

No. ____, ____ St.

Primary Registration District No. 2034 Registered No. 188

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	July 9 1912

FATHER		MOTHER	
FULL NAME	Jas. W. Woods.	FULL MAIDEN NAME	Nellie L. Bell
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Virginia.	BIRTHPLACE	Illinois.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2. Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician

(Physician or Midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report

____, 19____

____ Registrar

Filed July 12 1912 E E Fry Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Dup CD 1912-9011

365-124-009-818

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Clark Fork Ida. Registration District No. 8 File No. 9009

No. ____, ____ St. Primary Registration District No. 2334 Registered No. 186

Hospital ____

FULL NAME OF CHILD Victor Conrad

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
M.			Yes.	May 24 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	P J Hayes	FULL MAIDEN NAME	Margaret Duffield Hayes
RESIDENCE	Clark Fork	RESIDENCE	
COLOR	White	AGE AT LAST BIRTHDAY	37 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ontario Canada	BIRTHPLACE	Ontario Canada
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive ~~or stillborn~~) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Rawson M.D.

(Physician or ~~Midwife~~)

Given names added from a supplemental report

Address Hope

____, 19____

Filed Oct 21 1912 W. W. McKinnon

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 7 1969

214-120-009-861

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry Registration District No. 8 File No. 9010

No. ____, ____ St. Primary Registration District No. 2034 Registered No. 180

Hospital ____

FULL NAME OF CHILD Everett Eshes Bauman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	May 20 — 1912

FATHER		MOTHER	
FULL NAME	Solmon Bauman	FULL MAIDEN NAME	Florence Hoagland.
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Canada	BIRTHPLACE	Minn.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Ayr, M.D.

Physician, (Physician or Midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 20 — 1912

E E Ayr, M.D. Registrar

S-Y CO.; 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 2 6 1973

213-223-009-764
Amended 8/4/69

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bonner

City of Bonners Ferry

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 9013

Primary Registration District No. 2034 Registered No. 183

FULL NAME OF CHILD SUSIE IRENE BATWAY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		VT	Yes	June 23, 1912

FATHER		MOTHER	
FULL NAME	Peter S. Batway	FULL MAIDEN NAME	Minnie Gould
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth VT

Number of children, of this mother, now living, including present birth V

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:15 A.M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leslie J. Stauffer M.D.

Physician (Physician or Midwife)

Address Bonners Ferry, Idaho

Given names added from a supplemental report

....., 19.....

Filed June 14 19 12 E.E. Ivy Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUL 15 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
AUG - 4 1969
Bureau of Vital Statistics

State of Washington }
County of Spokane } ss.

Certificate No. 9013

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Batway (Name on Original Certificate) who was born (Was Born or Died) on June 23, 1912 (Date of Event)
in Bonners Ferry, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on June 23 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Add child's name	Unnamed	Susie Irene Batway

Subscribed and sworn to before me this 28th day of July, 1969

X _____
Notary Public, residing at _____
My commission expires _____
(Seal)

X Signed _____
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

_____
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Spokane } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of July, 1969

X Leland M. Sampsell
Notary Public, residing at Spokane, Wash.
My commission expires 4-30-72
(Seal)

X Signed Margarit Platt Edwards
(Signature of Any Credible Person)

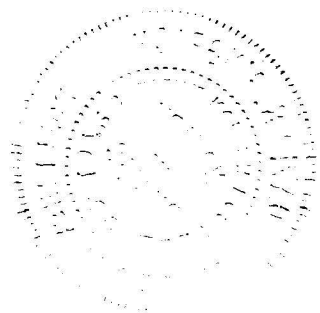
817 W Chelan
(Street Address, City, State)
Spokane Wash

FORM DH 60-155 CL 7/22/69 1cc pd.

Bible (Family) record give name as Susie Irene Batway, Bron June 23, 1912
Bonners Ferry, Idaho. Viewed by V. S.

AUG 4 1969

Insurance Policy with The Paul Revere Life Insurance Company gives namea as
Sue Irene Besselman Dated Feb. 3, 1964. Viewed by V. S.



433 - 201-209-193

PLACE OF BIRTH

County of Bonner

City of Bonners Ferry

No ____, ____ St.

Hospital of Bonners Ferry

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

Registration District No. 8 File No. 9014

Primary Registration District No. 2031 Registered No. 187

FULL NAME OF CHILD Helen Maude McCall

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Female	—	—	yes	July (Month) 1 (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Tiberius McCall	FULL MAIDEN NAME: Florence Hannibal Archibald
RESIDENCE: Bonners Ferry.	RESIDENCE: Bonners Ferry.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: New London, Wisconsin
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:35 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer

Physician (Physician or Midwife)

Address Bonners Ferry, Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed July 2 1912

E. E. Fry
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 27 1964

693-203-042-693

PLACE OF BIRTH

County of Twin Falls

City of Rogerson

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 23

File No. 9016

Primary Registration District No. 2088

Registered No. ____

FULL NAME OF CHILD Marva Willis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	10 5 1912

FATHER		MOTHER	
FULL NAME	Isaac Willis	FULL MAIDEN NAME	Sarah Wilkinson
RESIDENCE	Rogerson	RESIDENCE	Rogerson
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6.30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Weaver

Physician

(Physician or Midwife)

Address Twin Falls Ida

Given names added from a supplemental report

..... 19.....

Registrar

Filed 10-23 1912 John F. Coughlin

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 21 1974

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 10 1 57 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 9016

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Willis (female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 5, 1912 (Date of Event)
in Rogerson, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Marva Willis

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5-24 day of
June, 19 74

Notary Public, residing at Kingman, Ariz.
My commission expires My Commission Expires Feb. 6, 1978
(Seal)

Signed Gertrude E Mackey
(Signature of Any Credible Person)

3695 Bluebird Lane
(Street Address, City, State)
Kingman Ariz

(Sister)

FORM DH 60-155

CL 5/21/74

Certif. of Blessing from LDS Church gives name as Marva Willis daughter of Isaac Willis and Srah Williamson. Born Oct. 5, 1912 at Rogerson, Idaho. Was Blessed July 17, 1923. viewed by V. S.

JUN 17 1974

Certif. of Baptism and Confirmation from the LDS Church gives the child's name as Marva Willis duaghter of Isaac Willis and Sarah Wilkinson. Born Oct. 5, 1912 at Rogerson, Idaho. Was Baptized July 17, 1923. viewed by V. S.

212-114-042-315

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 2087 File No. 9017

No. ____ St.

Primary Registration District No. 23 Registered No. ____

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		yes	10 14 1912

FATHER		MOTHER	
FULL NAME	C Lee Baker	FULL MAIDEN NAME	Sarah Mabel Canon
RESIDENCE	Carlyford Ida	RESIDENCE	Carlyford Ida
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	15 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Lynch Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky M.D.
(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report

____ 19____

____ Registrar

Filed 10-21 19 12 J. T. Murphy Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9017

PLACE OF BIRTH

FULL NAME OF CHILD

MOTHER

FATHER

RESIDENCE

BIRTH

Address

Filed

Registrar

493-215-042-319

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9018

County of Twin Falls

City of Buhl

No. ____ St.

Hospital ____

Registration District No. 2087 File No. ____

Primary Registration District No. 23 Registered No. ____

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	10 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. E. Lackey	Alta Caudhus
RESIDENCE	Buhl Idaho	Buhl Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	22	21
BIRTHPLACE	Silverdale Wash	Walla Walla Wash
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. McClaskey M.D.
(Physician or midwife)

Address Buhl

Given names added from a supplemental report

..... 19.....

Filed 10-21 1912 J. T. Murphy
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 12-9730 2 no name

DUP OF 1912-9730

697-227-042-285

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2087 File No. 9019

Primary Registration District No. 23 Registered No. .....

FULL NAME OF CHILD Osgood

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Sept 27 191[illegible]

FATHER		MOTHER	
FULL NAME	Maurice B. Osgood	FULL MAIDEN NAME	Alberta S Lerman
RESIDENCE	Buhl,	RESIDENCE	Buhl
COLOR	white	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Mass.	COLOR	white
OCCUPATION	General merchant	AGE AT LAST BIRTHDAY (Years)	25
		BIRTHPLACE	S. Dak
		OCCUPATION	housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Welhelm

Buhl Ida.
(Physician or midwife)

M. D.

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 8 1912

J. W. Murphy
Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE CLEARLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

432-118-042 842

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls.

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2087 File No. 9020

Primary Registration District No. 23 Registered No. .....

FULL NAME OF CHILD Robert Woodrow MacKinstry

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m		yes.	Aug 18 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Byron M MacKinstry	Elsie M. Hubbell
RESIDENCE	Buhl	Buhl
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	37	23
BIRTHPLACE	Ill.	Oregon
OCCUPATION	Grocery Clerk	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Weltheer M.D.

(Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report

..... 19.....

Filed 10-8 1912 J. H. Murphy Registrar

..... Registrar

S-Y CO. 20174

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 4 1968
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 9020

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Unnamed McKinstry who was born on Aug 18, 1912
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Buhl, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by ..... prepared on ..... , are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed McKinstry	Robert Woodrow McKinstry

Subscribed and sworn to before me this 29th day of February, 1968.

Notary Public, residing at Henderson, Colo.

My commission expires .....
(Seal)

My Commission expires Feb. 5, 1972

Signed Wilbert M. Hubbell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7437 W-36 Thx. Wheat Ridge, Colo
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado } ss.
County of Adams }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of February, 1968.

Notary Public, residing at Henderson, Colo.

My commission expires .....
(Seal)

My Commission expires Feb. 5, 1972

Signed Ruth E Carlson
(Signature of Any Credible Person)

8601 Holly Street Henderson, Colorado 80640
(Street Address, City, State)

FORM DH 60-155

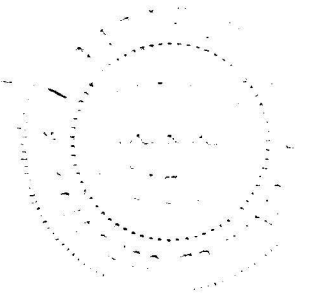
1 copy to Rec 27711

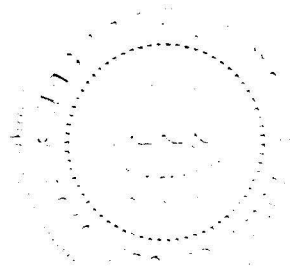
4-2-6-68 HH

Notarized statement by Mrs. Bertha Heid, Supt of School, Adams County, Colorado dated Feb 29, 1968 states that Robert Woodrow McKinstry's name appears on the Adams County School Census List, School District No. 97, Adams County, Colorado as of February 10, 1920. viewed by V.S.

Copy of Court Order Chagging Name, Court #3089 dated May 19, 1941 gives name as Robert McKinstry. viewed by V.S.

MAR 1 4 1968





815-113-042-255

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 2087 File No. 9021

Primary Registration District No. 23. Registered No. .....

Hospital .....

FULL NAME OF CHILD Leslie Claud Hamm

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Oct 13 1912

FATHER		MOTHER	
FULL NAME	Claud Hamm	FULL MAIDEN NAME	Rosa Kenney
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee M.D. (Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 10-15 1912 J. T. Mumpley Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—Rev-2-15-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

295-120-042-964

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Buhl.

No. ..... St.

Hospital .....

Registration District No. 2087 File No. 9022

Primary Registration District No. 23 Registered No. .....

FULL NAME OF CHILD Alonza King

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m			yes	Oct 26 1912

FATHER		MOTHER	
FULL NAME	Wm A King	FULL MAIDEN NAME	Mary A. Rodgers.
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Ind.
OCCUPATION	farmer.	OCCUPATION	housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 5 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Chas. Walker M.D.

(Physician or midwife)

Address Buhl Ida.

Filed 10-25 1912 J. W. Murphy Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

749-220-042-386

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

Registration District No. 20 87

Primary Registration District No. 23

File No. 9023

Registered No. _____

FULL NAME OF CHILD VIOLETTA Guild.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fem			yes	Oct. 20 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm. E. Guild.	Margaret Hamilton
RESIDENCE	Buhl	Buhl
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	40	23
BIRTHPLACE	Mich.	Ky
OCCUPATION	farmer.	housewife

Number of child of this mother, including present birth 2.

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wilhelm M.D.

(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 10-25 1912

J. T. Mumpleu Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JAN 16 1948

689-207-042-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of 2½sw Buhl

*No*_____, _____ *St.*

Registration District No 2081 **File No.** 9024

Primary Registration District No. 23 **Registered No.**_____

Hospital _____

FULL NAME OF CHILD ~~Baby~~ White, Mary Elizabeth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
F.				Yes	(Month) 10 (Day) 7 (Year) 1912

FATHER	MOTHER
FULL NAME L.A.White	**FULL MAIDEN NAME** Elizabeth Carey
RESIDENCE 2½sw Buhl	**RESIDENCE** same
COLOR white **AGE AT LAST BIRTHDAY** 42 (Years)	**COLOR** white **AGE AT LAST BIRTHDAY** 38 (Years)
BIRTHPLACE Ioway	**BIRTHPLACE** Mich.
OCCUPATION Farmer	**OCCUPATION** Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Murphy, M.D.

(Physician or Midwife)

Address Buhl Ida

Given names added from a supplemental report

_____, 19____

_____ *Registrar*

Filed 10-10 19[illegible] J. T. Murphy *Registrar*

SYMS - YORK CO., PTRS. & SDRS. 17326

JAN 26 1970

314-204-042-366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

Twin Falls
County of

Buhl
City of

*No*_____, _____ *St.*

Hospital _____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

9025

Registration District No 2087. **File No.**_____

Registration District No 23 **Registered No.**_____

FULL NAME OF CHILD ~~Baby Campbell~~ Peter Cambell, Beulah L. Campbell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Oct. 4 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME E.C.Cambell	FULL MAIDEN NAME Ester ~~Cambell~~ Lowe
RESIDENCE 5½m s-w Buhl	RESIDENCE same
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
	COLOR white
	AGE AT LAST BIRTHDAY 16 (Years)
BIRTHPLACE Neb	BIRTHPLACE Wash
OCCUPATION Farmer	OCCUPATION housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Mcaffee M.D.

(Physician or Midwife)

Address Buhl Idaho

Given names added from a supplemental report

....., 19.....

Filed 10-6 1912

.....
Registrar

J. W. Mcaffee
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Form V. S. No. 1-C—10m-9-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEA

State of Idaho }
County of Gooding } ss.

Certificate No. 9025

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Name on Original Certificate) who born (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge,
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Ester Cambell	Beulah L. Campbell
birthdate	Oct. 5	Oct. 4 1912

Subscribed and sworn to before me this 17th
day of May, 1944.

M F Olsen

Notary Public, residing at Gooding, Idaho

My commission expires Dec. 8, 1947
(Seal)

Signed Mrs Claude Campbell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Gooding Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Gooding } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that th
are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of May, 1944.

M F Olsen

Notary Public, residing at Gooding, Idaho

My commission expires Dec. 8, 1947
(Seal)

Signed John Low
(Signature of Any Credible Person Other Than Previou

Gooding, Idaho
(Street Address, City, State)

OCT 13 1944

113-219-042-257

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of In Deep Creek

Registration District No. 2087 **File No.** 9026

*No.*_____, _____ *St.*

Primary Registration District No. 23 **Registered No.**_____

Hospital _____

FULL NAME OF CHILD ~~Baby Jacob~~ Elsie Jacob

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
F.				Yes	Oct. 19 1912

	FATHER	MOTHER
FULL NAME	D.E.Jacob	**FULL MAIDEN NAME** Elsie Berry
RESIDENCE	In Deep Creek	Same
COLOR	White	White
AGE AT LAST BIRTHDAY	22 (Years)	26 (Years)
BIRTHPLACE	Novia Scotia	Mass.
OCCUPATION	~~Farmer~~	Housewife

Number of child of this mother, including present birth I

Number of children, of this mother, now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) J.W. Murphy. M.D.

(Physician or Midwife)

_____, 19____

Address Buhl Ida.

Filed 10-20 19[illegible] J.W. Murphy

_____ *Registrar*

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MAR 10 1971 APR 30 1968

JUL 18 1946

463-122-042-553

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Twin Falls

City of Deep Creek

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 2081 File No 9027

Primary Registration District No 23 Registered No ____

FULL NAME OF CHILD Ernest Molander Jr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
Male			Yes	Oct 22 2

FATHER	MOTHER
FULL NAME: Ernest Molander	FULL MAIDEN NAME: Alma Nelson
RESIDENCE: Deep Creek	RESIDENCE: Same
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Sweeden	BIRTHPLACE: Neb.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2pm M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. W. Mcnulty.
M. D.
(Physician or Midwife)

Address Buhl Ida.

Filed 10-23 1917 J. W. Mcnulty.
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

OCT 21 1975

669-230-042-859

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

*No*_____, _____ *St.*

Hospital _____

Registration District No 2087 **File No.** 9028

Primary Registration District No. 23 **Registered No.**_____

FULL NAME OF CHILD Mildred Ford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes	I 0 30 1912

FATHER	MOTHER
FULL NAME:	FULL MAIDEN NAME: Lonie Herrick
RESIDENCE: G.L.Ford Buhl	RESIDENCE: same
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Iowa
OCCUPATION: Station baggage man	OCCUPATION: Housewife
Number of child of this mother, including present birth: 4	Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19_____

_____ *Registrar*

(Signature) J. T. Murphy.

M. D.

(Physician or Midwife)

Address Buhl Ida.

Filed 10-31 1912 J. T. Murphy. *Registrar*

SYMS - YORK CO., PTRS. & BDRS. 17326

12

122-215-042-893

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No ____, ____ St.

Registration District No 73 File No. 9029

Primary Registration District No 7086 Registered No. ____

Hospital Home

FULL NAME OF CHILD Eva Askew

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Oct. 15 1912

FATHER		MOTHER	
FULL NAME	William Henry Askew	FULL MAIDEN NAME	Lucy Hicks
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Georgia	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Grimes

Physician (Physician or Midwife)

Address Filer

Given names added from a supplemental report

....., 19.....

Filed 10/31 1912 A. A. Newberry

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

OCT 1 8 1972

864-104-042-314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls *Registration District No.* 73 **File No.** 9030

City of Filer *Primary Registration District No.* 2086 **Registered No.**

No. ..... *St.*

Hospital .....

FULL NAME OF CHILD Roy Otis Young

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
B.			Yes	10 4 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	H. Otis Young	Mabel Lammers
RESIDENCE	Filer	Filer Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Sedgwick Co Kas	Pierce Co Wis
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry

m d

(Physician or midwife)

Address Filer Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 10-4 1912 A. A. Newberry Registrar

S-Y CO. 20174

Form V. S. No. H.C.—rev.-2-15-12

386 - 101-042-743

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ____ St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 9031

Primary Registration District No. 7086 Registered No. ____

Hospital ____

FULL NAME OF CHILD Wm Burdett Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes.	10 / 1 / 191 7

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Thompson	Mabel Pielstick
RESIDENCE	Filer Idaho	Filer Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Salt Lake Utah	Clay Co Nebr
OCCUPATION	Labr.	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 11.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry

M D

(Physician or midwife)

Filer

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

Filed 10-1 19 12 A. A. Newberry Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1942

415 - 209-042-432

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer — Registration District No. 73 — File No. 9032

No. ____ St. — Primary Registration District No. 2086 — Registered No. ____

Hospital Edith Davis

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
G.			Yes	10 9 191 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Dixon Davis	Nora McBride
RESIDENCE	Filer	Filer
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	30	27
BIRTHPLACE	Belmont Ohio	Clinton Ill
OCCUPATION	Mchl	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or [illegible]) at 8 45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry

M D (Physician or midwife)

Address Filer

Given names added from a supplemental report

....19....

....Registrar

Filed 10 - 9 19 12 A A Newberry Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 6 1974

4

299-230-042-419

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

[redacted] Twin Falls

Twin Falls

[redacted] 3rd Ave W. St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 9033

Primary Registration District No. 2085 Registered No.

NAME OF CHILD Coral Kirkman

[redacted]male	Twin Triplet or other? — and — Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Oct 30 (Month) (Day) 1912 (Year)	

FATHER

FULL NAME: [redacted] G. Kirkman

RESIDENCE: 601 3rd Ave N Twin Falls

COLOR: W — AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Springville Utah

OCCUPATION: Merchant

MOTHER

FULL MAIDEN NAME: Kate Margaret Sorenson

RESIDENCE: 601 3rd ave N. Twin Falls Ida

COLOR: W. — AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Fillmore Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L. Alexander

Physician (Physician or midwife)

Address Twin Falls Ida.

Given names added from a supplemental report

.....19.....

Filed 11-10 1912 John H Engleman

.....

S-Y CO. 20174 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-0 20m-9-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

349-205-042-6

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 23 File No. 9034

No. ....., ... St.

Primary Registration District No. 2085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Jennie Margaret Turnipseed

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		1	Yes	Oct 3 191 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robt Turnipseed	Bessie Williams
RESIDENCE	Filer Twin Falls	Filer Twin Falls
COLOR	W	White
AGE AT LAST BIRTHDAY (Years)	27	22
BIRTHPLACE	Miss.	N. C.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) Oct 5, at 6A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Morgan MD

(Physician or Midwife)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

Filed 10-30 1912 John W Hughes

Registrar

S-Y CO., 16670

Registrar

JUL 18 1963

468-229-042-315

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls.

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9035

Registration District No. 23 File No. .....

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		2	yes	Oct 29 1912

FATHER		MOTHER	
FULL NAME	E R Dryden	FULL MAIDEN NAME	Verna B Cavalt
RESIDENCE	Twin Falls.	RESIDENCE	Iowa
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J O'Boyd M.D.

(Physician or midwife)

Address Twin Falls

Filed 10-30 19 12 John A Hughes Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 1972

154-212-042-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls.

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 9036

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Elsie Florence Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		6	Yes	Oct 12 1912

FATHER

FULL NAME: Alex R Anderson

RESIDENCE: Twin Falls.

COLOR: W AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Showman

MOTHER

FULL MAIDEN NAME: Anna Burt

RESIDENCE: Twin Falls.

COLOR: W AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: England

OCCUPATION: Housewife

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Boyd MD

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

..... 19.....

Filed Dec 20 1912 John L. Coughlen

..... Registrar

S-Y CO. 20174

Registrar

Certified Copy issued October 23, 1940. E.W.

AUG 2 1974

239-220-042-366

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 9037

Primary Registration District No. 2085 Registered No. _____

FULL NAME OF CHILD Helen Irene Scranton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		3	Yes	Oct 20 1912

FATHER	MOTHER
FULL NAME Arthur Scranton	FULL MAIDEN NAME Cary Cooper
RESIDENCE Twin Falls	RESIDENCE Twin Falls
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Ill	BIRTHPLACE Ill
OCCUPATION Teacher	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos Boyd M.D.

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 10-30 19 12 John D. Engbretson Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 4 1944

168-115-042-462

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

9038

Registration District No 23 File No. ____

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD John Warren Johnson

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	10 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Johnson	Alta E. Dobson
RESIDENCE	Twin Falls Ida.	Twin Falls, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	27
BIRTHPLACE	Wisconsin	Wisconsin
OCCUPATION	Concrete finisher	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Tate

Physician

(Physician or Midwife)

Address Twin Falls Ida.

Given names added from a supplemental report

....., 19.....

Filed 10-20 1912 John F. Engleman

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

APR 12 1944

234-115-042-433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 9039

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD Everett A. Stumpf

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	10 12 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	L. F. Stumpf	Blanche McLean
RESIDENCE	Twin Falls Ida.	Twin Falls, Ida.
COLOR	White	Cohete
AGE AT LAST BIRTHDAY (Years)	32	25
BIRTHPLACE	Kansas	Kansas
OCCUPATION	Barber	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) W. F. Clarke, Physician
(Physician or Midwife)

Address Twin Falls Ida

Filed 10-20 1912 John F. Creighton
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Form V. S. No. II-C—10m-8-7-11

PLACE OF BIRTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(Physician or Midwife)

Address

Filed 19

Registrar

(Given names added from a supplemental report)

19

Registrar

BYRD - YORK CO., PTG. & BDG. 17826

291- 225-042-453

Form V. S. No. 11—10m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 23 File No. 9040

Primary Registration District No. 2065 Registered No. .....

FULL NAME OF CHILD Betty Braithwait, Mercedese Virginia

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		3rd.	Yes.	10-25-1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thos L. Braithwait	Bertha Mcloon.
RESIDENCE	Twin Falls,	Twin Falls,
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Neb	Neb.
OCCUPATION	Telephone man.	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. D. Goudelock

Twin Falls Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 10-30 1912 John V. Coughlin (Registrar)

S-Y CO. 20175

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Nebraska
County of Dawson } ss.

Certificate No. 9040

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Braithwait (Name on Original Certificate) who born (Was Born or Died) on 10-25-1912 (Date of Event)
in Twin Falls Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Cradle Roll Dept. / Methodist Sunday School, Twin Falls, (Bible Record, Insurance Policy, Etc.) prepared on February 9, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Mercedese Virginia Braithwait

Viewed by U.S School Record - 1923
Viewed by v.s.

Subscribed and sworn to before me this 11th day of February, 19 58
Albert A. Mann, County Judge
[illegible], residing at Lexington, Nebr.
My commission expires
(Seal)

Signed Bertha M. Braithwait Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
603 W 10th Lexington - Nebr.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nebraska
County of Dawson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of February, 19 58
Albert A. Mann, County Judge.
[illegible], residing at Lexington, Nebr.
My commission expires
(Seal)

Signed Thomas J. Braithwait Father
(Signature of Any Credible Person)
603 West 10th, Lexington, Nebr.
(Street Address, City, State)

FORM DPH 55.155

NNCL 2-7-58 1 copy paid

MAR 12 1958

493-223-042-239

PLACE OF BIRTH

County of Twin Falls

City of _____

No. _____ St.

Hospital _____

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3

File No. 9041

Primary Registration District No. 2015

Registered No. _____

FULL NAME OF CHILD Anna Mae Miller.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth 1st	Legitimate? yes.	Date of Birth 10 / 28 (Month) (Day) 1912 (Year)
F				

FATHER	MOTHER
FULL NAME Harry S. Miller.	FULL MAIDEN NAME Mary Strachan.
RESIDENCE Twin Falls	RESIDENCE Twin Falls.
COLOR white.	COLOR white.
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Neb.	BIRTHPLACE Scotland
OCCUPATION Farmer.	OCCUPATION Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. at 8 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. G. Goucher M.D.
Physician
(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 10-30 19 12 John A. Bruce
Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. 15—June-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 10 3 43 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 9041

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Miller (female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 23, 1912 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by..... (Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Anna Mae Miller

Subscribed and sworn to before me this 10th day of
June, 19 74

Florence Kyerlight
Notary Public, residing at Gerald

My commission expires 4-28-74
(Seal)

Signed Anna C. Peterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

.....
Notary Public, residing at.....
My commission expires.....
(Seal)

Signed.....
(Signature of Any Credible Person)

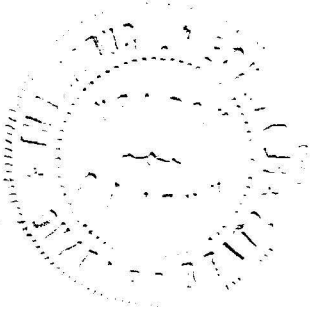
.....
(Street Address, City, State)

FORM DH 60-155 CL 1/25/74

Marriage license issued Nov. 17, 193e4 gives name as Anna Mae McCoy of Jerome Idaho married to Omer Charles Peterson of Twin Falls, Idaho. Married by Rev. Louis Bultena Nov. 17, 1934. Recorded in Book 2 of Marriages at Page 246 in Twin Falls, Idaho W. F. Eaton, Deputy Recorder
Viewed by V.S.

JUN 11 1974

Jerome High School Diploma issued May 21, 1930 gives name as Anna Mae Miller. J. B. Overfield , Chairman, Board of Education, Walter Henny, Clerk, Be. of Ed. H. Maine Shawn, Principal.
Viewed by V.S.



256-122-042-369

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Twin Falls

Registration District No. 23 File No. 9042

No. ____ St.

Primary Registration District No. 2065 Registered No. ____

Hospital ____

FULL NAME OF CHILD ~~Baby Snow.~~ John Albert Snow

Sex of Child	~~Twin~~ ~~Triplet~~ or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		4th	Yes.	10 / 31 / 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred W Snow.	~~Clara~~ May Cornelius
RESIDENCE	Twin Falls.	Twin Falls.
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	41	37
BIRTHPLACE	Ill.	Ind.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Goodrich

Physician.

(Physician or midwife)

Address Twin Falls, Ida

Given names added from a supplemental report

....19....

Filed 10-30 19 12 John W Coughlin

Registrar

....Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-102-042-849

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer, Ida

No. ..... St.

Hospital .....

Registration District No. 23 File No. 9043

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Oct. 2 1912

FATHER		MOTHER	
FULL NAME	George W. Patton	FULL MAIDEN NAME	Rosa Quinn
RESIDENCE	Filer, Ida	RESIDENCE	Filer, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Arkansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Clouchek M D

Physician

(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 10-30 19 12 John T Coughlan Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

556-209-042-869

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of _____

No. R. F. D *St.*

Registration District No. 23 **File No.** 9044

Primary Registration District No. 2065 **Registered No.** _____

Hospital _____

FULL NAME OF CHILD Dorothy Leona Newland

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct. 9 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Clyde Newland.	Nora Hovington
RESIDENCE	Twin Falls Idaho	Twin Falls Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	29
BIRTHPLACE	Kansas	Kansas
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician

(Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 10-30 19 12 John A. Coughlin Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate 9044
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)
for ..... (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)
in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Newland	Dorothy Leona Newland

Subscribed and sworn to before me this 13th day of January, 1942.
Marie E. Fox
Notary Public, residing at Boise, Idaho
My commission expires 6-24-45
[SEAL]

Signed J. M. Newland
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....
.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)
.....
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

JAN 14 1942

813-103-042-689

PLACE OF BIRTH

Form V. S. No. 13—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. ____ St.

Hospital ____

Registration District No. 23 File No. 9045

Primary Registration District No. 2045 Registered No. ____

FULL NAME OF CHILD Hale

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Oct. 3 1913

FATHER		MOTHER	
FULL NAME	Fred Hale	FULL MAIDEN NAME	Ethel White
RESIDENCE	Twin Falls. Idaho	RESIDENCE	Twin Falls.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Agent Co	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. W. Clouchek M D

Physician (Physician or midwife)

Address Twin Falls Idaho

Filed 10-30 19 13 John H. Hughes Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

468-109-042-000

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

Registration District No. 23 File No. 9046

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Herman Dohse

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	Single (To be answered only in event of plural births)	1st	Yes	10 (Month) 9 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	John F. Dohse	FULL MAIDEN NAME	Rost
RESIDENCE	Kimberly, Ida.	RESIDENCE	Kimberly, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Germany	BIRTHPLACE	Iowa.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hugh Goodrich

Physician

(Physician or midwife)

Address Twin Falls, Idaho.

Given names added from a supplemental report

..... 19.....

Filed 10-30 1912

Johnst Creighton
Registrar

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293-201-042-343

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 5th ave E St.

Registration District No. 23

File No. 9047

Primary Registration District No. 2085

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct. 1 1912

FATHER		MOTHER	
FULL NAME	Chas A. Bickford	FULL MAIDEN NAME	Addie L. Luttrell
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Merchant (implements)	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson M.D.

Physician (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 1-6-30 1912

John L Creighton
Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 5 1976

251-207-042-964

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

Registration District No. 23 File No. 9048

No. 135 Eastern Ave St.

Primary Registration District No. 2085 Registered No.

Hospital

FULL NAME OF CHILD Bessie Sealander

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Oct. 7 1912

FATHER		MOTHER	
FULL NAME	Oscar Sealander	FULL MAIDEN NAME	Alma Rodine
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Nebraska	BIRTHPLACE	Illinois
OCCUPATION	Machinist.	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson M.D.

Physician (Physician or midwife)

Address Twin Falls Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 10-30 19 12 John H. Coughlan
Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 18 1942

943

PL[redacted]

County of [redacted]

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of _____ Registration District No. 23 File No. 9049

No. _____, _____ St. Primary Registration District No. 2083 Registered No. _____

Hospital _____

FULL NAME OF CHILD David William Thomas Rutledge

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	yes	Oct 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. J. Rutledge.	Anna Mc Farlane
RESIDENCE	Artesian City	[redacted] City
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	44	39
BIRTHPLACE	[redacted]	Canada
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 [redacted] M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or Midwife)

Address Twin Falls M. D

Given names added from a supplemental report

Oct 15, 1912

Filed 10-30 1912 John T. Loughlen

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 9049

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Oct 15 - 1912 (DATE OF EVENT)
in Murtaugh (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on or about Oct 15th 1912 (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	David William Thomas Rutledge

Is David William Thomas Rutledge the name you wish to appear on birth certificate? Yes

Subscribed and sworn to before me this 25th
day of January, 1943
Stuart H Taylor
Notary Public, residing at Twin Falls
My commission expires Jan 1 - 1946
(SEAL)

Signed Thomas J. Rutledge - Father -
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Murtaugh Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 14th
day of January, 1943
Stuart H Taylor
Notary Public, residing at Twin Falls
My commission expires Jan 1 - 1946
(SEAL)

Signed Jessie F. Tindall First cousin
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Murtaugh Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JUL 18 1944

314 - 209-042-284

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen

No. ..... St.

Hospital .....

Registration District No. 23 File No. 9050

Primary Registration District No. 2083 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	Oct. (Month) 9 (Day) 191 2 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Herbert Lamboing	Edna M. Shubert
RESIDENCE	Hansen, Ida	Hansen, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	25
BIRTHPLACE	Nebraska	Nebraska
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician

(Physician or midwife)

Address Twin Falls, Idaho.

Given names added from a supplemental report

..... 19.....

Filed 10-30 19 12 John T. Coughlan

Registrar

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 25 1974

298-212-042-255

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Milner

No. ____ St.

Hospital ____

Registration District No. 23

Primary Registration District No. 2081

File No. 9051

Registered No. ____

FULL NAME OF CHILD Baby Suzemore

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct. 12th 1912

FATHER		MOTHER	
FULL NAME	Frank Suzemore	FULL MAIDEN NAME	Rose Bennett
RESIDENCE	Milner, Idaho	RESIDENCE	Milner, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 10-14 19 12

J. Ernest Douglass
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11 C—10m-8-18-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1951

815-128-042-165

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9052

County of Twin Falls

City of Milner

No. ..... St.

Registration District No. 23

Primary Registration District No. 2084

File No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Rufus Roy Hanson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	10-25-1912

FATHER		MOTHER	
FULL NAME	R. A. Hanson	FULL MAIDEN NAME	Cleota Jones
RESIDENCE	Milner, Idaho	RESIDENCE	Milner, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 10-30 1912 John W. Creighton Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2.

268-229-042-452

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Twin Falls

City of Murtaugh

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 9053

Primary Registration District No. 2082 Registered No. .....

FULL NAME OF CHILD Esther Velma Boyd

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	9 29 1912

FATHER		MOTHER	
FULL NAME	W. Arthur Boyd	FULL MAIDEN NAME	Ida May Messerli
RESIDENCE	Murtaugh	RESIDENCE	Murtaugh
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Colo	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician

(Physician or Midwife)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

Registrar

Filed 10-23 1912 John F. Coughlin

Registrar

S-Y CO., 16670

MAY 5 1967

DEC 2 0 1974

753-223-042-843

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

9054

County of Twin Falls

City of Amsterdam

No ____, Main St.

Registration District No 23 File No. ____

Primary Registration District No. 2088 Registered No. ____

Hospital ____

FULL NAME OF CHILD Hazel Jeanette Peters

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	Sept. 23, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Peters	Wilhelmina Van Hull
RESIDENCE	Amsterdam Idaho	Amsterdam Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	21 (Years)	21 (Years)
BIRTHPLACE	Appeldorn Holland	Sioux Center Iowa
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W F Puckett

(Physician or Midwife)

Address Hollister Idaho

Given names added from a supplemental report

....., 19.....

Filed 10-20 19 12 John V. Coughlin

SYMS - YORK CO., PTRS. & BDRS. 17328

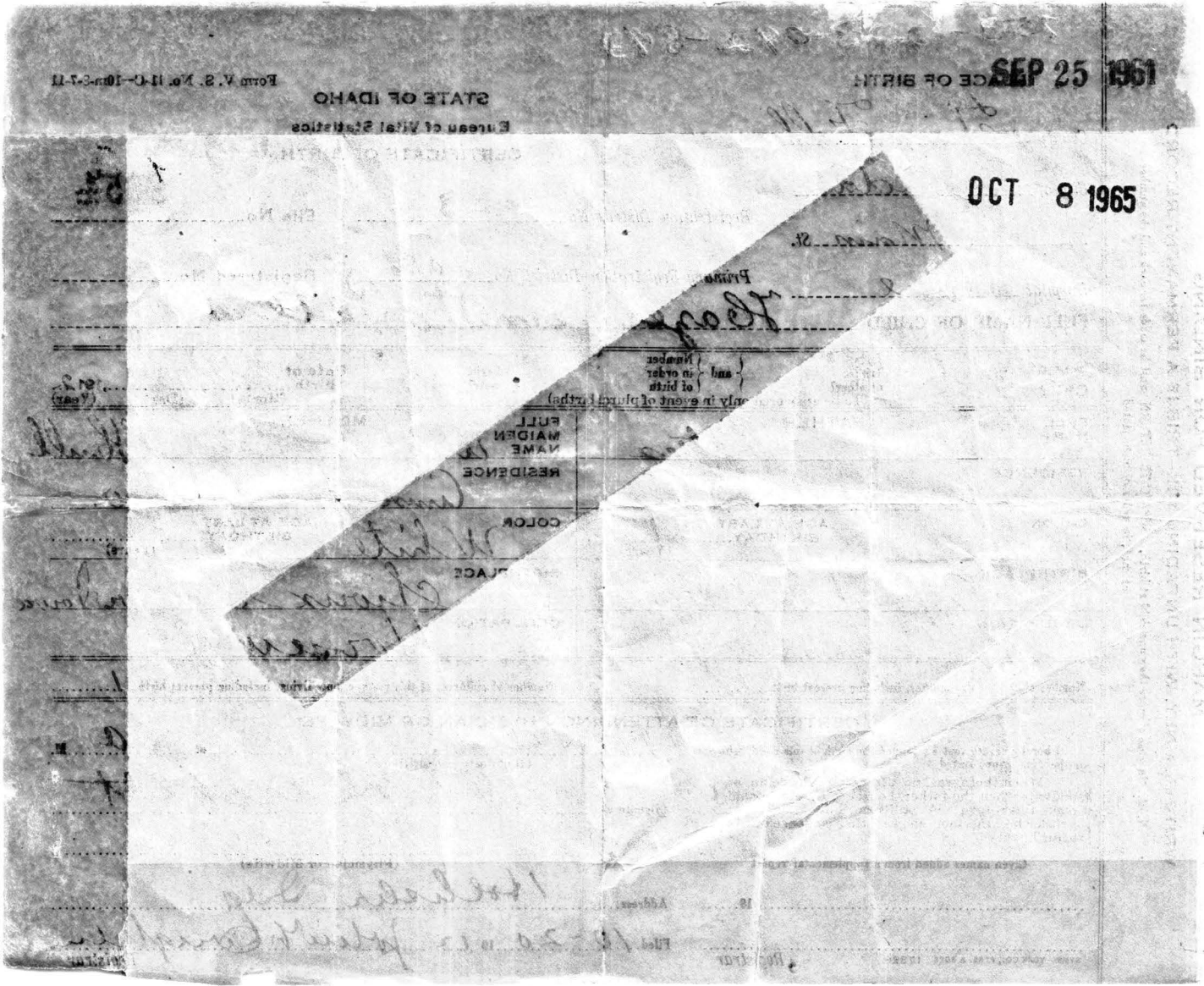
Registrar

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated


SEP 25 1961
OCT 8 1965

356- [redacted] 04-266

P[redacted]RTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2[redacted]

CERTIFICATE OF BIRTH

County of [redacted] Lake

City of Fish Haven

Registration District No. 24 File No. 9055

No. _____ St.

Primary Registration District No. 2090 Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes.	Oct 26 1912

FATHER	MOTHER
FULL NAME: Ernest Reglund	FULL MAIDEN NAME: Gina Booth
RESIDENCE: Fish Haven	RESIDENCE: Fish Haven
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Hayward

M. D.
(Physician or midwife)

Address Paris Idaho

Given names added from a supplemental report

_____ 19____

Filed Nov 11 — 19 12 J W Hayward
Registrar

_____
Registrar

5-Y CO. 20174

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

E LAST NAME

235-116-004-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of St Charles

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 9056

Primary Registration District No. 2090 Registered No. 274

FULL NAME OF CHILD Farrell Major Stewart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Oct. 16 1912

FATHER

FULL NAME Laurence Stewart

RESIDENCE St Charles

COLOR W. AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Idaho

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Emma Mattson

RESIDENCE St Charles

COLOR W. AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Hayward

(Physician or ~~midwife~~)

Address Paris Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov. 11 — 19 12 J W Hayward Registrar

8-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

719 - 201-004 - 386

PLACE OF BIRTH

County of B. L.

City of Bloomington

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

9057

Registration District No. 24 File No. .....

Primary Registration District No. 2091 Registered No. 272

FULL NAME OF CHILD Chas. Lee Painter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	Oct. 1 1912

FATHER		MOTHER	
FULL NAME	Geo. Painter	FULL MAIDEN NAME	Hetta Thornick
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4:A.; M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hayward M.D.
(Physician or ~~midwife~~)

Address Paris Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov. 11 1912 J. W. Hayward
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

854-121-004-5-73

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 9058

Primary Registration District No. 2092 Registered No. 248

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male		6	Yes	Oct 21 (Month) (Day) 191.2 (Year)

FATHER		MOTHER	
FULL NAME	Peter Hummel	FULL MAIDEN NAME	Rose Eagli
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Switzerland
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C D Thomas

(Physician or midwife)

Address Paris Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov. 11 1912 J W Hazlewood Registrar

MARGIN RESERVED FOR BINDING

ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C-20m-9-15-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

993 - 231-004-915

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 9059

Primary Registration District No. 2092 Registered No. 275

FULL NAME OF CHILD Helen Richards

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	Oct. 31 1912

FATHER

FULL NAME W. W. Richards

RESIDENCE Paris

COLOR W. AGE AT LAST BIRTHDAY 46 (Years)

BIRTHPLACE Utah

OCCUPATION (Retired)

MOTHER

FULL MAIDEN NAME Emilini Randall

RESIDENCE Paris Idaho

COLOR W. AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hayward M.D.

(Physician or ~~midwife~~)

Address Paris Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov. 11 - 1912 J. W. Hayward Registrar

S-Y CO. 20174

993 - 220-004-285

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

Registration District No. 24 File No. 9060

No. ____ St.

Primary Registration District No. 2092 Registered No. 273

Hospital ____

FULL NAME OF CHILD Flora Rich

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	Oct. 20 1912

FATHER		MOTHER	
FULL NAME	Earl Rich	FULL MAIDEN NAME	Flo Shepherd
RESIDENCE	Paris Idaho	RESIDENCE	Paris
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hayward M. D.

(Physician or ~~midwife~~)

Address Paris Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov. 11 1912 J. W. Hayward Registrar

S-Y CO. 20174 Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-220-004-245

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of [illegible]

No. _____ St.

Registration District No. 24 File No. 9061

Primary Registration District No. 2093 Registered No. 247

Hospital _____

FULL NAME OF CHILD Estella Lucile Beutler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Oct 20 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Beutler	Stella Burns
RESIDENCE	Thayne	Thayne
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	21	20
BIRTHPLACE	Kansas	Liberty
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A D Cooley
(Physician or midwife)

Address Paris Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov. 11 19 12 Jessie Lyman Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

714-121-004-553

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Liberty

No. ..... St.

Hospital .....

Registration District No. 24 File No. 9062

Primary Registration District No. 2093 Registered No. 255

FULL NAME OF CHILD Still Born — Rex

Sex of Child	Twin / ~~Triplet or other?~~ (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	No		Yes	Oct 21 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C A Paulsen	H S. Nelson
RESIDENCE	Liberty	Liberty
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	34	22
BIRTHPLACE	Liberty	Denmark
OCCUPATION	Farmer	W

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Emily Jane Cook

(Physician or midwife)

Address .....

Filed Nov. 11 — 1912 J. W. Hayward Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

POULSEN

TWINS - ONE STILL BORN 12-9063
ONE LIVE BORN BUT ALSO
MARKED STILL BORN 12-9062

NOT

884 - 118-004-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Liberty

No ....., ... St.

Registration District No 24 File No. 9064

Primary Registration District No 2093 Registered No. 260

Hospital .....

FULL NAME OF CHILD Lealand Haymas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	one	fourth	yes	Sept 15 1912

FATHER		MOTHER	
FULL NAME	Geo. A Haymas	FULL MAIDEN NAME	Emma J. Johnson
RESIDENCE	Liberty	RESIDENCE	Liberty
COLOR	fair	COLOR	fair
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Liberty	BIRTHPLACE	Ovid
OCCUPATION	Farmer	OCCUPATION	House keeping

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lula C. Gee Clark

(Physician or Midwife)

Address Liberty Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov. 10 - 1912 J. W. Hayward

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

DUP OF 1912-28127

753 - 129-004 - 386

Form V. S. No. 11-C—20m-8-15-42

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Ariel Idaho

No. ..... St.

Registration District No. 24 File No. 9065

Primary Registration District No. 2094 Registered No. 245

Hospital .....

FULL NAME OF CHILD Roland Peterson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct 29 1912

FATHER		MOTHER	
FULL NAME	Parley Peterson	FULL MAIDEN NAME	J. N. Thompson
RESIDENCE	Ariel	RESIDENCE	Ariel
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 8 25 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hayward

M. D.

(Physician or midwife)

Address Paris Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov. 11 - 1912 J. W. Hayward Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 20 1966

753-129-004-386

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Avid

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 9066

Primary Registration District No. 2094 Registered No. 244

FULL NAME OF CHILD Frank Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Oct. 29 1912

FATHER		MOTHER	
FULL NAME	Parley Peterson	FULL MAIDEN NAME	J. N. Thompson
RESIDENCE	Avid Idaho.	RESIDENCE	Avid Idaho.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Denmark
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7:45 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hayward

M. D.

(Physician or midwife)

Address Paris Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov. 11 - 1912 J. W. Hayward Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 15 1965

344-219-004-224

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Bonnum

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9067

Registration District No. 24 File No. .....

Primary Registration District No. 2095 Registered No. 246

FULL NAME OF CHILD Mueller Ludwig

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		3	Yes	Oct 19 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Ludwig	M. L. Johnson
RESIDENCE	Bonnum	Bonnum
COLOR / AGE AT LAST BIRTHDAY (Years)	White 30	White 27
BIRTHPLACE	Germany	Penn Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J D Coon

(Physician or midwife)

Address Paris Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov 11 - 1912 J C Wheyard Registrar

8-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

231-226-004-213

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24

File No. 9068

Primary Registration District No. 2096

Registered No. 257

FULL NAME OF CHILD Ruth Black

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 26 1912

FATHER

FULL NAME Leo Black

RESIDENCE Georgetown

COLOR W AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Georgetown

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Alpha Bachman

RESIDENCE Georgetown

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Georgetown

OCCUPATION None

Number of child of this mother, including present birth Two 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley A. McCoy

(Physician or midwife)

Address Montpelier

Given names added from a supplemental report

..... 19.....

Filed Nov. 11 1912

J. W. Taylor Registrar

..... Registrar

S-Y CO. 20174

FEB 6 1943

MAY 14 1969

241-228-004-818

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 9069

Primary Registration District No. 2096 Registered No. 270

FULL NAME OF CHILD Genevieve

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct. 28, 1912

FATHER	MOTHER
FULL NAME: Fredrick Smart	FULL MAIDEN NAME: Esther Hayes
RESIDENCE: Georgetown, Idaho.	RESIDENCE: Georgetown, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Smithfield, Utah.	BIRTHPLACE: Georgetown, Idaho.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3d

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma V. Clark

Midwife (Physician or Midwife)

Address Georgetown, Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov. 11-19 12 J. W. Hayward

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & ADRS. 17326

STATE OF IDAHO

PLACE OF BIRTH

Amended 12-3-59

PLACE OF BIRTH

459-231-004-972

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bennington

No. ..... St.

Hospital .....

Registration District No. 24 File No. 9070

Primary Registration District No. 2097 Registered No. 266

FULL NAME OF CHILD Mable Margaret Merrill
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Oct. 31, 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME: Ambrose Dunn Merrill	FULL MAIDEN NAME: Estella Ipsen
RESIDENCE: Bennington	RESIDENCE: Bennington
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) H. H. King, M.D.

Physician
(Physician or midwife)

Address Montpelier, Idaho

Filed Nov. 11, 1912 J.W. Hayward
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Bennington

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No. 9070

Primary Registration District No 2097 Registered No. 244

FULL NAME OF CHILD Harriet Margaret Merrill

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Female	—	—	Yes	Oct. 31 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ambrose Dunn Merrill	FULL MAIDEN NAME	Estella Spence
RESIDENCE	Bennington	RESIDENCE	Bennington
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. D. Young M.D.

Physician (Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov. 11 — 1912 J. W. Hayward Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

..... Registrar

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—10m-5

DEC 3 1959

MARGIN RESERVED FOR BINDING

THIS FORM, WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. S. In order that children born at sea, or elsewhere than in the State of Idaho, may be made known to the proper authorities of the state of birth, a duplicate return should be made for each and the number of the record in such state should be given above.

Certificate of Baptism and Confirmation, Feb. 6, 1921 gives name as Mable Margaret Merrill – viewed by V.S. and Application for Social Security, #519-03-8115 gives full maiden name as Mable Margaret Merrill, born Oct. 31, 1912 at Bennington, Idaho to Ambrose Dunn Merrill and Estella Ipsen – viewed by V.S. app. applied

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho for on 7-22-43 – } ss.
County of Bear Lake

Certificate No. 9070

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Harriet Margaret Merrill (Name on Original Certificate) who born (Was Born or Died) on Oct. 31, 1912 (Date of Event)
in Bennington (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church record (Bible Record, Insurance Policy, Etc.) prepared on Aug 1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Harriet Margaret Merrill	Mable Margaret Merrill

Subscribed and sworn to before me this 24th. day of April, 19 58.
Albert E Merrill
Notary Public, residing at Montpelier, Idaho
My commission expires March 9, 1961.
(Seal)

Signed Estella Ipsen Merrill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Montpelier, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th. day of April, 19 58.
Albert E Merrill
Notary Public, residing at Montpelier, Idaho.
My commission expires March 9, 1961.
(Seal)

Signed Gladys M. Schmid
(Signature of Any Credible Person)
Montpelier, Idaho
(Street Address, City, State)

FORM DPH 55.155

NNCL 4-21-58 1 copy paid

142-220-004-054

PLACE OF BIRTH

County of B C

City of Montpelier

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 9071

Primary Registration District No. 2098 Registered No. 250

FULL NAME OF CHILD Elva

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Oct 20 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	L R Justop	Carrie Gunderson
RESIDENCE	Montpelier	Montpelier
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	19
BIRTHPLACE	Hyrum	Hyrum
OCCUPATION	Laborer	W

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley and Cooley

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

.....
Registrar

Filed Nov. 11 — 1912 Jos Hayward
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 8 1975

693-116-004-331

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of B L.

City of Montpelier

No. ..... St.

Hospital B. F. A.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 9072

Primary Registration District No. 2098 Registered No. 252

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Oct 16 191 3

FATHER		MOTHER	
FULL NAME	J. B. Tuler	FULL MAIDEN NAME	Kate Celach
RESIDENCE	Montpelier.	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ill.	BIRTHPLACE	Illinois
OCCUPATION	O. S. L. Emp.	OCCUPATION	H

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

(Signature) Ashley and Cooley

(Physician or midwife)

Address Montpelier

Filed Nov. 11 — 19 13 J. W. Longward Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

K

JUN 23 1975

264-227-004-653

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Boise

City of Montpelier

No. ..... St.

Hospital St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 9073

Primary Registration District No. 2098 Registered No. 253

FULL NAME OF CHILD Roma Bourne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes	Oct 27 1912

	FATHER	MOTHER
FULL NAME	Norman C. Bourne	
FULL MAIDEN NAME		Mary Welker
RESIDENCE	Montpelier	Montpelier
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	29
BIRTHPLACE	Colorado	Bloomington
OCCUPATION	R R F	W

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 29 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley and Lewis

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed Nov. 11 1912 J. W. Hayward Registrar

..... Registrar

8-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

295-138-004-753

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier — Registration District No. 14 — File No. 9074

No. ____ St. — Primary Registration District No. 2098 — Registered No. 259

Hospital ____

FULL NAME OF CHILD Ralph W. King

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	December 25 1912

FATHER		MOTHER	
FULL NAME	G F King	FULL MAIDEN NAME	H E Beckwith
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Neb
OCCUPATION	Banker	OCCUPATION	W

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Leavy
(Physician or midwife)

Address Montpelier

Given names added from a supplemental report

....., 19.....

Filed Nov. 11 1912 — J. W. Lay — Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 19 1941

255-128-004-418

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of BC

City of Manfield

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 9075

Primary Registration District No. 2098 Registered No. 251

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Dec 28 1912

FATHER		MOTHER	
FULL NAME	Chas Benson	FULL MAIDEN NAME	F Dayton
RESIDENCE	Mansfield	RESIDENCE	Mansfield
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Oregon
OCCUPATION	R R Fireman	OCCUPATION	W

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 29 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley and Coon

(Physician or midwife)

Address Mansfield

Given names added from a supplemental report

____ 19____

Filed Nov. 11 1912

____ Registrar

5-Y CO. 20174

J W Shepard Registrar

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

899-128-004-455

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

9076

Registration District No 24

File No .....

Primary Registration District No 2018

Registered No. 261

FULL NAME OF CHILD Royal Kirschi

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct. 28 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Raynald Kirschi	Freda Mengerly
RESIDENCE	Montpelier	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	26
BIRTHPLACE	Switzerland	Switzerland
OCCUPATION	Homewife	Homewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9:20 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Payler

(Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov. 11-1913 J. W. Hayward

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

NAME CHANGE

HIRSCHI

DUP OF 1912-D 77-346

464 - 210-004- 259

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

Registration District No. 24 File No. 9077

Primary Registration District No. 2098 Registered No. 262

FULL NAME OF CHILD ~~Not Named~~ MARTHA WANDA MOURTSEN

Sex of Child: Female	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth: ~~1~~	Legitimate? yes	Date of birth: Oct 10 (Month) (Day) 191 2 (Year)	

FATHER		MOTHER	
FULL NAME	Peter C. Mourtsen	FULL MAIDEN NAME	Martha Berry
RESIDENCE	Wardboro	RESIDENCE	Dingle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Dingle
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Boyden

(Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19....

Filed Nov. 11 1912 J. W. Kingsford

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PRESERVED FOR BINDING

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bear Lake } ss.

Certificate No. 9077

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Martha Wanda Mauritsen (Name on Original Certificate) who Was Born (Was Born or Died) on Oct. 10 1912 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on Dec. 8, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
SurName	Mauritsen	Mourtsen
Name	Unnamed	MarthaWanda Mourtsen

Subscribed and sworn to before me this 25
day of June, 1942

Notary Public, residing at Montpelier Idaho

My commission expires Dec 15—1945
(Seal)

Signed Martha E. Berrey Mourtsen.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 26 1942

JUN 30 1

254-116-004-444

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 9078

Primary Registration District No. 2098 Registered No. 263

FULL NAME OF CHILD Verne Bedell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	Yes	Oct 16, 1912

	FATHER	MOTHER
FULL NAME	Lloyd Bedell	FULL MAIDEN NAME Classie Mumford
RESIDENCE	Montpelier	RESIDENCE Montpelier
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Butte, Mont.	BIRTHPLACE Salt Lake City
OCCUPATION	Boiler apprentice	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Poyeler

M D

(Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov. 11 – 1912 J. C. Hayward

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MAY 1 1974

748-228-004-114

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. [illegible] 5m-6-20-11

Registration District No. 24

File No. 9059

Primary Registration District No. 2098

Registered No. 264

FULL NAME OF CHILD Nellie L. Gueyon

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	[illegible]	1	Yes	10, 28, 191 2

FATHER		MOTHER	
FULL NAME	Lafayette M Gueyon	FULL MAIDEN NAME	Nellie Canod
RESIDENCE	Montpelier Idaho	RESIDENCE	Montpelier Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	U. S.	COLOR	White
OCCUPATION	R R Brakeman	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	Norway
		OCCUPATION	Housemaid

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Gueyon M D

Physician

(Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Nov. 11 1912 J. W. Higgins Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 19 1960

MAY 15 1973

415-127-004-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No 24 File No. 9080

No ____, ____ St.

Hospital ____ Primary Registration District No. 2098 Registered No. 267

FULL NAME OF CHILD ~~XXXXXXXXXXXXXXXX~~ Eldon Guy Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes	Oct. 27, 1912

	FATHER	MOTHER
FULL NAME	Guy Davis	FULL MAIDEN NAME Minnie Parker
RESIDENCE	Montpelier	RESIDENCE Montpelier
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years) 21
BIRTHPLACE	Montpelier	BIRTHPLACE Lanark
OCCUPATION	Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5-29 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Tom Poynter

M.D. (Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19....

Filed Nov. 11- 1912 J. W. Hayward

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bear Lake }

Certificate No. 9080
Date Filed April 30 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Eldon Guy Davis (Name on Original Certificate) who was born (Was Born or Died) on October 27 1912 (Date of Event) in Montpelier Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on Nov. 15 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Eldon Guy Davis

Subscribed and sworn to before me this 30th day of April, 1942.

Signed A. O. Davis Uncle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at

My commission expires
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of April, 1942.

Signed
(Signature of Any Credible Person Other Than Previous Year)

Reni Acaud
Notary Public, residing at Montpelier Idaho

My commission expires Dec 15 1945
(Seal)

(Street Address, City, State)

MAY 5 1942

MAY [illegible] 1942

649-12-0043-19

PLACE OF BIRTH

Form V. S. No. H-C-20m-2-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of Montpelier Registration District No. 24 File No. 9081

No. ..... St. Primary Registration District No. 2098 Registered No. 269

Hospital .....

FULL NAME OF CHILD ELIZABETH ROSE FURCHNER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
G			Yes	Oct 12 1912

FATHER		MOTHER	
FULL NAME	William C Furchner	FULL MAIDEN NAME	Ella M Barnes
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ills	BIRTHPLACE	Calif
OCCUPATION	R R Emp	OCCUPATION	None

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:57 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley and Cody

(Physician or midwife)

Address [illegible]

Given names added from a supplemental report

..... 19.....

Filed Nov. 11 1912 J W Hayward Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-7-41

NOV 3 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho)
)ss
County of Bingham)

Certificate No. 9081

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (birth or death) for Tuschner (Name on original certificate) who was born (was born or died) on Oct. 12. 1912 (Date of event) in Montpelier Ida. (Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by personal records (Bible record, insurance plcy.etc.) prepared on December 25. 1912 (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Elizabeth Rose
Surname	Tuschner	Furchner

Subscribed and sworn to before me this 6th day of October 19.41.

Signed. Helen E. Furchner (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

/s/ William Furchner
Notary Public
Residing at Blackfoot Idaho.

309 So. University, Blackfoot Idaho.
(Street address, City, State)

My commission expires Oct. 25. 1941.

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Idaho)
)ss
County of Bear Lake)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24. day of Oct. 1941

Signed. Elizabeth H. Kinman
(Signature of any credible person other than the previous affiant.)

Chas Evans
Notary Public for Idaho
Residing at Montpelier Idaho

Montpelier Idaho
(Street address, City, State)

My commission expires. Mch. 7-1942.
(SEAL)

363-20-004- Amended 2-25-66 389

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 9082
Local Reg. No. 268
Reg. Dist. No. 24

1. PLACE OF BIRTH
a. COUNTY: Bear Lake
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Montpelier
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Montpelier
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Mary
b. (Middle): Sena
c. (Last): Cochran

4. SEX: Girl

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): October 3, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Charles
b. (Middle): Alfred
c. (Last): Cochran

8. AGE (At time of this birth): 28 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Mo.

10. USUAL OCCUPATION: O. S. L. Eng.

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Annie
b. (Middle):
c. (Last): Christoffersen

13. AGE (At time of this birth): 27 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Bern, Ida.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Ashley and Cooley

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Montpelier, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Nov. 10, 1912

22. REGISTRAR'S SIGNATURE: J. W. Hayward

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of [illegible]

City of Montpelier — Registration District No. 24 — File No. 9082

No. ____ St. — Primary Registration District No. 2098 — Registered No. 268

Hospital ____

FULL NAME OF CHILD Mary Marguerite

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Oct 2, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Cockshott	Minnie Christoffersen
RESIDENCE	Montpelier	Montpelier
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Wyo	Denm
OCCUPATION	Coal Engr	None

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D.
(Physician or midwife)

Address [illegible]

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Nov. 10 – 1912 J. W. Sleyward
Registrar

S-Y CO. 20174

FEB 8 1966
FEB 25 1966

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bear Lake

Certificate No. 9082

Date Filed Nov.

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary Marguerite Sena (Name on Original Certificate) who was born (Was Born or Died) on Oct. 2, 1912 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record & School (Bible Record, Insurance Policy, Etc.) prepared on Oct. 8 1962 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Father	Charles Cocchran	Charles Cochran
Full Maiden Name of Mother	Annie Christoufferson	Anna Christoffersen ANNIE
Child's Date of Birth	Oct. 2, 1912	October 3, 1912

Subscribed and sworn to before me this 2 day of November, 1962

Ruth Aland
Notary Public, residing at RUTH ALAND Notary Public Montpelier, Idaho
My commission expires My Commission Expires March 6, 1964
(Seal)

Signed Annie Christoffersen Cochran
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

159 South 9th Montpelier Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of November, 1962

Ruth Aland
Notary Public, residing at RUTH ALAND Notary Public Montpelier, Idaho
My commission expires My Commission Expires March 6, 1964
(Seal)

Signed Martha C. Barnes
(Signature of Any Credible Person)

667 Grant Montpelier Idaho
(Street Address, City, State)

FORM DH 60-155 L 11-2-61. ~~rm~~ one copy pd. rec. #18788.

L.D.S. Church Cert. of Birth, enteredon record Aug. 21, 1913 gives full name as Mary Sena Cochran, born Oct. 3, 1912 at Montpelier, Idaho to Charles Alfred Cochran and Annie Christoffersen - viewed by V.S.

Family Bible Record, photo copy of orr., gives full name of father as Charles Alfred Cochran, born Nov. 22, 1887, full name of mother as Annie Cochran, born Aug. 20, 1885 and one child's full name as Mary Sena Cochran, born Thursday, October 3, 1912 - viewed by V.S.

L.D.S. Church Cert. of Blessing, Nov. 13, 1910 gives full name as James Marion Cochran, son of Charles Cochran and Annie Christoffersen, born May 22, 1910 at Kemmerer, Wyoming - viewed by V.S.

Cert. Copy of Own Child's Birth Cert., State of Utah, County of Salt Lake, copy issued ~~June~~ June 30, 1955 gives full name as Nancy Kay Morgan, born April 7, 1950 at Salt Lake City, Utah to Jay Vaughn Morgan and Mary Sena Cochran, State File No. 50-102408 - viewed by V.S.

255 - 129-004 - 299

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bon

City of Wardboro — Registration District No. 24 — File No. 9083

No. ____ St. — Primary Registration District No. 2099 — Registered No. 249

Hospital ____

FULL NAME OF CHILD GOLDEN BRIDGES KEETCH

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Dec 29 1912

FATHER		MOTHER	
FULL NAME	Charles Keetch	FULL MAIDEN NAME	Emma Budgure
RESIDENCE	Wardboro	RESIDENCE	Wardboro
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	St Charles	BIRTHPLACE	Sawyer
OCCUPATION	Farmer	OCCUPATION	Nurse

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Abby M. Woody

(Physician or midwife)

Address ____

Given names added from a supplemental report

....., 19.....

Filed Nov 11 – 19 12 — J. W. Hayward, Registrar

....., Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 25 1969

DECEASED

11-25-69

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JAN 2 1970 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 9083

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Keetch (Name on Original Certificate) who was born (Was Born or Died) on Oct. 29, 1912 (Date of Event)

in Wardboro, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Golden Bridges Keetch

Subscribed and sworn to before me this 30 day of December, 19 69

..... Notary Public, residing at Nampa, Ida.

My commission expires 9-16-73

(Seal)

(Signed) Golden Bridges Keetch

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of December, 19 69

..... Notary Public, residing at Nampa, Ida.

My commission expires 9-16-73

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Correction Corresp. (K)

Child's birth certificate gives father's name as Golden Bridges Keetch. Child's name Blair Christensen Keetch, File No. 52-12514. received oct. 29, 1952. Copy made Aug. 28, 1956. ~~XXXXXX~~ Certificate from Idaho. Viewed by V. S.

JAN 5 1970

Beneficial Life Insurance Company Policy gives name as Goldne B. Keetch.No. 275391 Dated February 1, 1946. Viewed by V. S.

255-21-004-365

PLACE OF BIRTH amended 6/30/81

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9084

County of Bear Lake

City of Wardboro

Registration District No. 24 File No.

No. St.

Primary Registration District No. 2099 Registered No. 254

Hospital

FULL NAME OF CHILD Elva Merle Kent

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Oct 21 1912

FATHER	MOTHER
FULL NAME W. M. Kent	FULL MAIDEN NAME L E Loveland
RESIDENCE Wardboro	RESIDENCE Wardboro
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Lincoln	BIRTHPLACE Tuttle
OCCUPATION Farmer	OCCUPATION W

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas Lyman Cooley

(Physician or midwife)

Address Montpelier

Given names added from a supplemental report

19

Registrar

Filed Nov. 11 19 12 J W Langworthy Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 19 1965

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 9084
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Elmer Merle Kent (Name on Original Certificate) who was born (Was Born, Died, etc.) on October 21, 1912 (Date of Event)
in Wardboro, Idaho (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Elmer	Elma
sex of child	male	female

Subscribed and sworn to before me this 30 day of June, 1981
Notary Public, Louisa L. Clymer
Residing at Bear, Idaho
My commission expires April 3, 1985
(Seal)

Elma Desmon
Signature of Applicant
Portland Rights Cal.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

#6/30/81

Daughter birth certif on file in Idaho #380732 birth date as Sept 14, 1940 and name a Marilyn Merle Seamster. mother's name as Elma Merle Kent. viewed by VS

Marriage ~~xxxx~~ certif from Idaho ada, county gives nme of groom as Everett Noel Seamster and the bride's name as Elma Merle Kent. dated Sept 17, 1937. viewed by VS

AUG 13 1981

266-118-004-566

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-[redacted]

PLACE OF BIRTH

County of Bl

City of Dingle

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9085

Registration District No. 24 File No. .....

Primary Registration District No. 2099 Registered No. 258

FULL NAME OF CHILD Norman Herman Booth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Oct 18 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	[illegible] Booth	[illegible] Woodward
RESIDENCE	Dingle	Dingle
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	26
BIRTHPLACE	[illegible] Charles	Dingle
OCCUPATION	Laborer	W

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 8 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Dingle

(Physician or midwife)

Address [illegible]

Given names added from a supplemental report

..... 19.....

Filed Nov. 11 19 12 J. W. Hayward

S-Y CO. 20174 Registrar

Registrar

NOV 11 1971

795 – 221-004-312

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake STATE OF IDAHO

City of Geneva Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-11

CERTIFICATE OF BIRTH

No. ..... St. Registration District No. 24 File No. 9086

Hospital ..... Primary Registration District No. 2100 Registered No. 265

FULL NAME OF CHILD ~~XXXXXXXXXX~~ Baby Green DOROTHY GRACE GREEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Oct 21st 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John S. Green	Johanna Lobbrouch
RESIDENCE	Geneva	Geneva
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	35
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth: Eighth

Number of children, of this mother, now living, including present birth: Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated, at 10 45 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Ewing M.D. Physician

(Physician or Midwife)

Address Montpelier Idaho.

Given names added from a supplemental report

....., 19.....

Filed Nov. 11 – 1912 J. W. Hayward Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS 17826

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 9086

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)

in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name to be added	no name given	Dorothy Grace Green

Subscribed and sworn to before me this 15th day of April, 19 47

Wal Bradshaw

Notary Public, residing at Baine, Ida

My commission expires Oct 23, 1947

(SEAL)

Signed Dorothy Grace Devline formerly Dorothy Grace Green

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of August, 19 47

Wal Bradshaw

Notary Public, residing at Baine, Ida

My commission expires Oct 23, 1947

(SEAL)

Signed Joan E. Green (Mother)

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Mountain Home, Ida

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

AUG 31 1942

JUL 12 1967

863-230
036-419

PLACE OF BI[redacted]

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No ____, ____ St.

Registration District No. 16 File No. 9087

Primary Registration District No. 2119 Registered No. 375

Hospital ____

FULL NAME OF CHILD Gladys Viola Hollingsworth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	one	—	yes	June 30 191 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Austin Hollingsworth	Anna Edna Martin
RESIDENCE	Preston	Preston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	27
BIRTHPLACE	Nebraska	Liberty Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth... 6

Number of children, of this mother, now living, including present birth... 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Conklin

Physician (Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

Filed 10/31 1912 D. [illegible] Ray

..... Registrar

Registrar

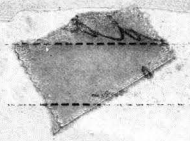
SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 19 1943



665-224-036-389

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Whitney

No ____, ____ St.

Registration District No. 8 File No. 9088

Primary Registration District No. 2119 Registered No. 376

Hospital ____

FULL NAME OF CHILD Selma

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	No	—	Yes	July 24, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Oscar Fondona	Senia Shyshkina
RESIDENCE	Whitney	Bradford Colony
COLOR	White	White
AGE AT LAST BIRTHDAY	26 (Years)	21 (Years)
BIRTHPLACE	Germany	Germany
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen Clarke M.D.

(Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug 31 1912

.....
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

169 - 115-036-466

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Preston

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 9089

Primary Registration District No. 2119 Registered No. 377

FULL NAME OF CHILD Adolph Jorgensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	No	—	Yes	July 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter Jorgensen	Eliza Doorman
RESIDENCE	Preston	Preston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	34
BIRTHPLACE	Denmark.	Denmark.
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Carter M.D.

Physician (Physician or Midwife)

Address Preston Idaho

Filed Oct 31 1912 D C Ray Registrar

Given names added from a supplemental report

____, 19____

____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 4 1943

344-227-036-212

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—16m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Bennida

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 9020

Primary Registration District No. 219 Registered No. 378

FULL NAME OF CHILD Eva Eugenie Ludwick

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	ne	—	yes	7 27 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Silas Ludwick.	Ida Baker.
RESIDENCE	Bennida	Bennida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	30
BIRTHPLACE	Iowa	Nebraska
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10-10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Curtis M. D.

Physician (Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 31 1912 D Ray

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

NOV 9 1966

NOV 18 1970

236-208-036-467

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Preston

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 — File No. 9091

Primary Registration District No. 2119 — Registered No. 379

FULL NAME OF CHILD Katherine Stocks

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
female	No	—	yes	July 8 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Stocks	FULL MAIDEN NAME	Vernie K. Dopp.
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Lewiston Utah	BIRTHPLACE	Lewiston Utah
OCCUPATION	Farmer & School Trustee	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10-30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler M.D.

Physician (Physician or Midwife)

Address Preston Idaho

Filed Oct 31 19 12 D C Ray Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUN 2 5 1974

249-127-036-445

MARG... FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Oneida

City of Preston

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 9092

Primary Registration District No. 2119 Registered No. 280

FULL NAME OF CHILD Geo. T. Burren 3rd

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	No	(To be answered only in event of plural births)	Yes	Aug 27, 1912

FATHER	MOTHER
FULL NAME: Geo. T. Burren Jr.	FULL MAIDEN NAME: Sarah Dunkley
RESIDENCE: Whitney	RESIDENCE: Whitney
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Logan Utah	BIRTHPLACE: Franklin
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 8

Number of children, of this mother, now living, including present birth: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11-50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Curtis M. D.

(Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 31 1912

.....
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FEB 1 1 1969

JUL 2 8 1971

JAN 1 0 1977

852-201-036-197

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Glendale

No ____, ____ St.

Hospital ____

Registration District No. 18 — File No. 9093

Primary Registration District No. 2119 — Registered No. 281

FULL NAME OF CHILD Varla Mary Hebdon

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	No	and	yes	Aug. 1, 1912

(To be answered only in event of plural births)

FATHER

FULL NAME: Edward E. Hebdon

RESIDENCE: Glendale

COLOR: White — AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Kaysville Utah

OCCUPATION: Farmer.

MOTHER

FULL MAIDEN NAME: Ellen May Auger

RESIDENCE: Glendale

COLOR: White — AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Glendale Ida

OCCUPATION: Housewife.

Number of child of this mother, including present birth: One.

Number of children, of this mother, now living, including present birth: One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Carter M. D.

Physician (Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 31 1912 D. C. Ray

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

154-108-036-632

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Oneida

City of Preston

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 9094

Primary Registration District No. 2119 Registered No. 287

FULL NAME OF CHILD Juvenel Anderson

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	No	—	Yes	8 8 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	M. Anderson	FULL MAIDEN NAME	Karoline Olsen
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Denmark.	BIRTHPLACE	Denmark.
OCCUPATION	Blacksmith	OCCUPATION	Housewife.

Number of child of this mother, including present birth. One

Number of children, of this mother, now living, including present birth. One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Allen R. Carter M. D.

Physician
(Physician or Midwife)

Address Preston Idaho

Filed Oct 21 1912 D. C. Ray
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 27 1942

APR 8 1942

15-209-[illegible]

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Dayton

No ..... St.

Hospital .....

Registration District No .....

Primary Registration District No .....

File No. 9095

Registered No. 383

FULL NAME OF CHILD Reta Jensen

Sex of Child: Girl. | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of birth: Aug. (Month) 9 (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alma L. Jensen	FULL MAIDEN NAME	Eldena Cricksen
RESIDENCE	Dayton, Ida.	RESIDENCE	Dayton Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Mendon Cache Co. Utah	BIRTHPLACE	Bear River City Box Elder Co. Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Aug 9 1912 (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Agnes J Shumway M.D.

(Physician or Midwife)

Address Clarkston Utah

Given names added from a supplemental report

....., 19.....

Filed Feb 10 1913 R. C. Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS 17826

Registrar

OCT 16 1958

JUN 30 1967

DUP OF 1912 D58 - 829

168-202-036-853

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Oneida

City of Preston

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 9096

Primary Registration District No. 2119 Registered No. 384

FULL NAME OF CHILD Vera Johnson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	no (and)	— (To be answered only in event of plural births)	Yes	9 2 1912

FATHER		MOTHER	
FULL NAME	Mr George A Johnson	FULL MAIDEN NAME	Anna Jemima Hulstrom
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Hydepark Utah	BIRTHPLACE	Sweeden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7-45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Curtis M.D.

(Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 31 1912 D C Gay

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

FEB 2 1967

APR 2 6 1967

AUG 1 1 1967

359-205-036-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Bonida

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 9097

Primary Registration District No. 7119 Registered No. 365

FULL NAME OF CHILD Opal Elson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	—	Yes	9 5 1912

FATHER		MOTHER	
FULL NAME	Wilber Debert-Knibbs	FULL MAIDEN NAME	Irma Wingate
RESIDENCE	Bonida	RESIDENCE	Bonida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11-50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) Albert R Carter

Physician Preston Idaho (Physician or Midwife)

....., 19.....

Address .....

Filed Oct 31 1912 D C Kay

.....
Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

PLACE OF BIRTH

864-216-036-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

9098

County of Bannock

City of Preston

No. ____, ____ St.

Registration District No. 18 File No. ____

Primary Registration District No. 2119 Registered No. 386

Hospital ____

FULL NAME OF CHILD Velda Elizabeth

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one (To be answered only in event of plural births)	—	Yes.	Sept. 11, 1912

FATHER		MOTHER	
FULL NAME	Geo. Young	FULL MAIDEN NAME	Rose Barfuss
RESIDENCE	Preston	RESIDENCE	~~Switzerland~~ Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Kaysville Utah	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) D. R. Cutler M. D.

Preston Physician
(Physician or Midwife)

Address Preston Idaho

Filed Oct 31 1912 D. Ray
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

SEP 1 1 1970

318-215-036-695

PLACE OF BIRTH

County of Oneida

City of Preston

No. ..... St.

Hospital home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 9100

Primary Registration District No. 2119 Registered No. 388

FULL NAME OF CHILD Elvira

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Sept 15 1912

FATHER		MOTHER	
FULL NAME	John H. Taylor	FULL MAIDEN NAME	Sarah Winberg
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	55	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	England	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	home keeper

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

Midwife

~~(Physician~~ or midwife)

Address Preston Oneida Co. Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 10 1912 L C Kay Registrar

S-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Form V. S. No. 11-C—20m-3-11-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the numb... of each, in order of birth stated

19-122-036-4/85

PLACE OF BIRTH

AMENDED CHILD'S NAME 2-19-97 MS

Form V. S. No. 11-C

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Clifton

No ....., ... St.

Hospital .....

Registration District No 18 File No. 9101

Primary Registration District No. 2119 Registered No. 389

FULL NAME OF CHILD Leland W. LARSEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One	—	Yes	Sept. 22, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William E. Larson	Flora M. Evans
RESIDENCE	Clifton	Clifton
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	27
BIRTHPLACE	Vernon Tooele Co. Utah	Clifton Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:23 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen Leeter M.D.

Physician (Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed OCT 31 19 12 D. Ray Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

2-19-97

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 12-9101
Date Filed OCT. 31, 1912

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for LELAND D. LARSON (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on SEP. 22, 1912 (Date of Event)

in CLIFTON (ONEIDA) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	LELAND D. LARSON	LELAND D. LARSEN

Subscribed and sworn to before me this 19th day of February, 1997.

Notary Public Mary Schneider
Residing at Boise Id
My commission expires 3-16-2000
(Seal)

MARY SCHNEIDER NOTARY PUBLIC STATE OF IDAHO

JoAn Condie
Signature of Applicant

1865 Wilmington Boise, Id
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

INSURANCE POLICY FROM AMERICAN REPUBLIC INS. COMP. SHOWS LEE D. LARSEN BORN SEPT. 22, 1912 IN CLIFATON IDAHO AS THE POLICY HOLDER DATED JULY 25, 1972 VIEWED VS.

HEALTH INS. CARD FROM THE SOCIAL SECURITY ACT SHOWS LEE D LARSEN EFECTIVE DATE 9-1-77 VIEWED VS.

789-223-036-417

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Preston

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 9102

Primary Registration District No. 2119 Registered No. 390

FULL NAME OF CHILD Delphia Kay

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one	—	Yes	Sept 13, 1912

FATHER	MOTHER
FULL NAME Wm S. Phillips	FULL MAIDEN NAME Lois Kay Mayfield
RESIDENCE Preston	RESIDENCE Preston
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Brigham City Utah	BIRTHPLACE Salt Lake City Utah
OCCUPATION Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 3.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen L. Coulter M.D.

Physician (Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 31 1912 L. E. Kay

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-D—10m-8-11

493-219-036-469

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Franklin

No ____, ____ St.

Hospital ____

Registration District No. 18 File No. 9103

Primary Registration District No. 2119 Registered No. 391

FULL NAME OF CHILD Mary Mickleson

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child: ~~Male~~ Female	Twin, Triplet or other? one (To be answered only in event of plural births)	and Number in order of birth —	Legitimate? Yes	Date of birth Sept 19" (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	James W. Mickleson	FULL MAIDEN NAME	Leona Morrison
RESIDENCE	Franklin	RESIDENCE	Franklin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Clayton Ida.	BIRTHPLACE	Franklin Ida
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allyn R. Curtis M.D.

Physician (Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 31 1912

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

APR 3 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Madison } ss.

Certificate No. 9103

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mavra Mickelson (Name on Original Certificate) who born (Was Born ~~or Died~~) on September 19, 1912, (Date of Event)
in Franklin, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by mother (Bible Record, Insurance Policy, Etc.) prepared on June 10, 1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex	Male	Female

Subscribed and sworn to before me this 10th
day of June, 19 43.
Mary Smith
Notary Public, residing at Rexburg, Idaho
My commission expires June 16, 1943.
(Seal)

Signed Iesma Mickelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
71 South Center, Rexburg, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of June, 19 43.
Mary Smith
Notary Public, residing at Rexburg, Idaho.
My commission expires June 16, 1943.
(Seal)

Signed Mrs. J. T. Robertson
(Signature of Any Credible Person Other Than Previous Year)
71 South Center, Rexburg, Idaho.
(Street Address, City, State)

JUN 25 1943

549-109-036-614

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Franklin

City of Preston

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 — File No. 9104

Primary Registration District No. 2119 — Registered No. 39 V

FULL NAME OF CHILD Grant Wade

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	no	—	Yes.	Sept. 9" 1912

FATHER	MOTHER
FULL NAME: Cyrus Wade	FULL MAIDEN NAME: Julia F. Wade
RESIDENCE: Preston	RESIDENCE: Preston
COLOR: White — AGE AT LAST BIRTHDAY: 38 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: North Ogden Utah	BIRTHPLACE: North Ogden Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 6

Number of children, of this mother, now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Alvin Curtis M.D.

Physician
(Physician or Midwife)

Address Preston Idaho

Filed Oct 31 1912 D. Ray
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

493 - 121 - 036 - 249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

9105

County of Bonneville

City of Bonneville

No _____, _____ St.

Registration District No. 18 File No. _____

Hospital _____

Primary Registration District No. 2114 Registered No. 393

FULL NAME OF CHILD Harry Lamont

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	No	—	yes	Sept. 21, 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Jed. Miles	FULL MAIDEN NAME: Myra Smith
RESIDENCE: Bonneville	RESIDENCE: Bonneville
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Smithfield Utah	BIRTHPLACE: Smithfield Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 9.55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alfred Rutter M.D.

Physician

(Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 31 1912 W. E. Kay

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

OCT 19 1965

318-106-036-453

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

9106

County of Oneida

City of Post Oneida

No ____, ____ St.

Hospital ____

Registration District No 18 File No. ____

Primary Registration District No. 2119 Registered No. 394

FULL NAME OF CHILD Preston Nathan Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	No	—	yes	Sept. 6 1911

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James D Taylor	Trusie A Nelson
RESIDENCE	Oneida	Oneida
COLOR	White	White
AGE AT LAST BIRTHDAY	32 (Years)	29 (Years)
BIRTHPLACE	Ashley Co Ark	Preston Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 7.30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allyn R Cutler M.D

Physician (Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov 21 1911 [illegible] Gray

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MAR 31 1944

Amended 8/9/73

712-226-036-264

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No ____, ____ St.

Hospital ____

Registration District No. 18 File No. 9107

Primary Registration District No. 2119 Registered No. 395

FULL NAME OF CHILD Nonny J.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	one	—		Yes	Sept. (Month) 26 (Day) 191 2 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Otto Garrman	FULL MAIDEN NAME	Emily Sweval
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Providence Utah	BIRTHPLACE	Providence Utah
OCCUPATION	Insurance Agt.	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 9. A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert Ruth M.D.

(Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct 31 1912 D C Kay

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 2 0 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
JUL 30 3 14 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of VITAL } ss.
County of

Certificate No. 9107

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Nona S. Gassman (Name on Original Certificate) who was born (Was Born or Died) on Sept. 29, 1912 (Date of Event)
in Weston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	Sept. 29, 1912	Sept. 26, 1912

Subscribed and sworn to before me this 25th day of July, 19 73

Notary Public, residing at Vallejo, Calif.
My commission expires Dec. 20, 1974
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Solano

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of July, 19 73

Notary Public, residing at Vallejo, Calif.
My commission expires Dec. 20, 1974
(Seal)

Signed Lola Maguire (Sister)
(Signature of Any Credible Person)

1035½ Georgia St
(Street Address, City, State) Vallejo, Calif

FORM DH 60-155 CL 3/20/72 nm

Certificate of Blessing from LDS Church gives name as Nona S. Gassman daughter of Otto Gassman and Emily Swivel. Born Sept. 26, 1912. Was Blessed Nov. 3, 1912. Viewed by V. S.

AUG 9 1973

Certificate of Baptism and Confirmation from LDS Church gives name as Nona S. Gassman daughter of Ott and Emily Swivell Gassman. Born Sept. 26, 1912. Was Baptized Sept. 26, 1920. Viewed by V. S.

816-128-036-792

Form V. S. No. 11-C-20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No. ____ St.

Hospital home

Registration District No. 18

Primary Registration District No. 2119

File No. 9108

Registered No. 396

FULL NAME OF CHILD Willis Herbert

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	Sep 28 1912

FATHER		MOTHER	
FULL NAME	Thomas Heber Hawkes	FULL MAIDEN NAME	Elizabeth A. Gibbon
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Preston Ida
OCCUPATION	Laborer	OCCUPATION	homekeeper

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive [redacted] at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McDuee

Midwife
(Physician or midwife)

Address Preston Oneida Co. Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Oct 10 1912

D C Ray
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. U-C 20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

DEC 30 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

79-1-30-036-P

Name subject to correction

Courtesy of Gibbons Bros

NUMBER OF CERTIFICATE

CERTIFICATE OF BIRTH

City of Preston — Registration District No. 18 — File No. 9160

No. ____ St. — Primary Registration District No. 219 — Registered No. ____

Hospital Home

FULL NAME OF CHILD David Herman Gibbons

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	Feb 3 [illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Gibbons	Rose Barthlo[illegible]
RESIDENCE	Preston	Preston
COLOR	White	White
AGE AT LAST BIRTHDAY	26 (Years)	[illegible]
BIRTHPLACE	Preston Ida	Switzerland
OCCUPATION	Laborer	Homekeeper

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at [illegible] on the date above stated.

(Born alive or [illegible])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

Midwife

([illegible] midwife)

Address Preston Oneida Co. Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 15 1912 D. C. Ray

..... Registrar

S-Y CO. 20174

JUN 29 1965

249-114-036-349

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

Registration District No. 18

File No. 9110

No. ..... St.

Primary Registration District No. 2119

Registered No. 298

Hospital home

FULL NAME OF CHILD Harold Surfin Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	Oct 14 1912

FATHER		MOTHER	
FULL NAME	William Robert Smith	FULL MAIDEN NAME	Martha Ann Surfin
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Clerk	OCCUPATION	home keeper

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was boon alive at 4. P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

Midwife

(Physician or midwife)

Address Preston Oneida Co Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Oct. 15 1912 D Ray
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318-22-9-036-75-9

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Nashville Idaho

Registration District No. 18

File No. 9111

No. ..... St.

Primary Registration District No. 2119

Registered No. 399

Hospital home

FULL NAME OF CHILD Amarah

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	Oct. 29 1912

FATHER		MOTHER	
FULL NAME	John Ole Taylor	FULL MAIDEN NAME	Mary Ann Perkins
RESIDENCE	Nashville	RESIDENCE	Nashville
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Preston Idaho	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	27
		BIRTHPLACE	Dayton Idaho
		OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 P. M. on the date above stated.

(Born alive or [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

[redacted] midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Oneida Co.

Filed Nov 7 19 12 D. C. Kay

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 8 1974

155-126-036-212

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 9112

Primary Registration District No. 2069 Registered No. 100

FULL NAME OF CHILD ~~XXXXXXXX~~ Jensen RALPH BAKER JENSEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	Yes	Feb 26 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter Jensen	Laura Baker
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY	37 (Years)	31 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Wright M.D.

(Physician or Midwife)

Address Malad

Given names added from a supplemental report

....., 19.....

Filed Oct 11 1917 D. C. Ray

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Oneida } ss.

Certificate No. 9112

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Wesley Jensen (Name on Original Certificate) who was born (Was Born or Died) on Sept. 26, 1912 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that to the best of his knowledge, the
true facts are shown by family records (Bible Record, Insurance Policy, Etc.) prepared on September, 28, 1912 (Give Date); are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Wesley Jensen	Ralph Baker Jensen

Subscribed and sworn to before me this 7th
day of April, 1944
John N. McAllister by D.O. Jones
Notary Public, residing at Malad, Idaho
My commission expires Clerk of the District Court
(Seal)

Signed James P. Jensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Malad City, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Oneida } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th
day of April, 1944
John N. McAllister by D.O. Jones
Notary Public, residing at Malad, Idaho
My commission expires
(Seal) Clerk of the District Court

Signed Mary D. Jensen
(Signature of Any Credible Person Other Than Previous Year)
Malad City, Idaho
(Street Address, City, State)

AUG 7 1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

165-116-036-249 No. ____, ____ St.

Registration District No. 18

Primary Registration District No. 2069

File No. 9113

Registered No. 1401

Hospital ____

FULL NAME OF CHILD Hyrum Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Sept 16, 1912

FATHER		MOTHER	
FULL NAME	Hyrum Jones	FULL MAIDEN NAME	Clara Burkhardt
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Malad Idaho	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

[Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician

(Physician or Midwife)

Address Malad

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Oct 11 1912

D. Ray
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAY 21 1963

JAN 2 1942

236-108-036-685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 9114

Primary Registration District No. 7069 Registered No. 407

FULL NAME OF CHILD Otto James

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Sept. 8, 1912

FATHER	MOTHER
FULL NAME: Elsan E. Stokes	FULL MAIDEN NAME: Flora Wheeler
RESIDENCE: Malad	RESIDENCE: Malad
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Butter Maker	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Allgren

Physician

(Physician or Midwife)

Address Malad

Given names added from a supplemental report

....., 19.....

Filed Oct 11 1912 D. C. Ray

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MAR 2 1960

AUG 13 1975

495-129-036-245

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Minida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 9115

Primary Registration District No. 2069 Registered No. 103

FULL NAME OF CHILD Nathan Edward Dredge

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 29 1912

FATHER		MOTHER	
FULL NAME	Jesse H Dredges	FULL MAIDEN NAME	Eliza Rosetta Kunz
RESIDENCE	Malad City Idaho	RESIDENCE	Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	sheepman farming	OCCUPATION	housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov 2 1912 D C Ray Registrar

S-Y CO. 20174

165-125-036-415

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 9116

Registration District No. 14 File No. .....

Primary Registration District No. 7069 Registered No. 104

FULL NAME OF CHILD Harold Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	10 22 1912

FATHER		MOTHER	
FULL NAME	David N Jones	FULL MAIDEN NAME	Maggie Davis
RESIDENCE	Malad RTD	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	rancher	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD

(Physician or midwife)

Address Malad City Idaho

Filed Oct 20 1912 D C Ray Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 18 1965

165-122-036-514

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 18 File No. 9117

Primary Registration District No. 7069 Registered No. 405

FULL NAME OF CHILD Orval Vaughn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	10 22 1912

FATHER

FULL NAME: Jerry W Jones
RESIDENCE: Malad RTD
COLOR: white
AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Idaho
OCCUPATION: rancher

MOTHER

FULL MAIDEN NAME: Grella Vaughn
RESIDENCE: same
COLOR: white
AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Idaho
OCCUPATION:

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L C Ray MD

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

Filed 10-23 19 12 L C Ray
Registrar

..... Registrar

S-Y CO. 20174

915-120-036-249

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9118

Registration District No. 18 File No. .....

Primary Registration District No. 2069 Registered No. 406

FULL NAME OF CHILD William Reed Randall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Oct 20 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elbert Eugene Randall	Mabel Smith
RESIDENCE	Malad	same
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	31	31
BIRTHPLACE	Utah	Utah
OCCUPATION	rancher	house wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 23 1912 D C Ray

Registrar

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 5-8-58

PLACE OF BIRTH

693 - 214-036 -155

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 9119

Primary Registration District No. 2069 Registered No. 407

FULL NAME OF CHILD Anne Arthel Williams

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Female			Yes	October 14, [redacted] 1912 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Elwin Williams	FULL MAIDEN NAME	Annie Jenkins
RESIDENCE	Malad R. F. D.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Ray, M. D.

(Physician or midwife)

Address Malad City, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 10-15-12 [redacted] D. C. Ray Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No 1-C—10m-8-7-11

PLACE OF BIRTH

County of Ouida

City of Malad

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 File No. 9119

Primary Registration District No. 2269 Registered No. 407

FULL NAME OF CHILD Arthell Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	10 14 1912

FATHER		MOTHER	
FULL NAME	Elmer Williams	FULL MAIDEN NAME	Anna Jenkins
RESIDENCE	Malad R F D	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	laborer	OCCUPATION	housework

[Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or Midwife)

Address Malad City

Given names added from a supplemental report

....., 19.....

Filed 10-15 19 12 D C Ray

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MAY 9 1958

RECEIVED
MAY 6 1958
Bureau of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Oneida }

Certificate No. 9119

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Arthell Williams (Name on Original Certificate) who born (Was Born or Died) on Oct. 14, 1912 (Date of Event) in Malad (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Cert. of Marriage (Bible Record, Insurance Policy, Etc.) prepared on 17 March 1955 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
	Social Security Card #529-16-1492 Viewed by v.s.	
Child's Name	Arthell Williams	Anne Arthel Williams

Subscribed and sworn to before me this 11th day of March 1958

Jas. B. Jones

Notary Public, residing at Malad City, Idaho
My commission expires Nov. 20, 1960
(Seal)

Signed Annie J. Williams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) (Mother)

Malad City, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of March 1958

Jas. B. Jones

Notary Public, residing at Malad City, Idaho
My commission expires Nov. 20, 1958
(Seal)

Signed Joseph LeRoy Jenkins
(Signature of Any Credible Person)

Malad City, Idaho
(Street Address, City, State)

FORM BPH-55.155

L 11-27-57 nm

386-112-036-751

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 File No. 9120

Primary Registration District No. 7069 Registered No. 408

FULL NAME OF CHILD Lovell Jacob Thomas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Oct 12 1912

	FATHER	MOTHER
FULL NAME	Russell Thomas	FULL MAIDEN NAME Lucia Peabody
RESIDENCE	Malad City	RESIDENCE Same
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Idaho
OCCUPATION	Laborer	OCCUPATION housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or Midwife)

Address Malad City

Given names added from a supplemental report

....., 19.....

Filed 10-12 1912 D C Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 9120

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Lovell Jacob Thomas

Subscribed and sworn to before me this .....
day of ....., 19.....

Signed Nina Thomas
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....

My commission expires .....
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at .....

My commission expires .....
(Seal)

(Street Address, City, State)

AUG 18 1943

168-110-036-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Oneida

City of Malad City — Registration District No. 18 — File No. 9121

No. ____, ____ St. — Primary Registration District No. 7069 — Registered No. 409

Hospital ____

FULL NAME OF CHILD George Alma Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Oct 10 1912

FATHER		MOTHER	
FULL NAME	Claude Johnson	FULL MAIDEN NAME	Susan Greyson
RESIDENCE	Malad City R.F.D.	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Alabama	BIRTHPLACE	Alabama
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) D C Ray M.D.

(Physician or Midwife)

Address Malad City

Filed Oct 18 1912 D C Ray
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

613-.204-036-793

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 9122

Registration District No. 18 File No. .....

Primary Registration District No. 2069 Registered No. 410

FULL NAME OF CHILD Zoma Waldron

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	10 4 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Benj A Waldron	Merial A [redacted]
RESIDENCE	Samaria	Samaria
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	26	21
BIRTHPLACE	Idaho	Utah
OCCUPATION	rancher	same

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

Filed 10-6 1912 D C Ray

S-Y CO. 20174 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1974

613-209-036-234

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 9123

Primary Registration District No. 9069 Registered No. 411

FULL NAME OF CHILD, Sarah Leona Stuart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F				Yes	Oct 9, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William H Fallis	Sarah Stuart
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	30
BIRTHPLACE	Malad Ida	Malad Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alston

Physician

(Physician or Midwife)

Malad

Address

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed Nov 10 1913 D C Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JAN 11 1957

753-210-036-799

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 9124

Primary Registration District No. 7069 Registered No. 417

FULL NAME OF CHILD Edna

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Oct 10 1912

FATHER		MOTHER	
FULL NAME	Loren A Peck	FULL MAIDEN NAME	Susanna Price
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Malad Ida	BIRTHPLACE	Malad Ida
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alston Physician

(Physician or Midwife)

Address Malad

Given names added from a supplemental report

....., 19.....

Filed Nov 9 1917 D C Ray

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

OCT 2 9 1973

468-215-036-249

PLACE OF BIRTH

County of Oneida

City of Malad

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 File No 9125

Primary Registration District No 2069 Registered No 413

FULL NAME OF CHILD Fredona Doyle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Oct 15 1912

FATHER		MOTHER	
FULL NAME	Michael Doyle	FULL MAIDEN NAME	Zephyr Smith
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Nebraska
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F Alton

Physician

(Physician or Midwife)

Malad

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed Nov 9 1912 D C Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

N. B. In case of more than one child at birth, a separate return must be made for each and the number of each, in order of birth stated

Addendum to Affidavit to Correct or Amend An Original Certificate of Birth or Death.

ZEPHYR S. DOYLE, being unable to write, made her mark in my presence and I signed her name at her request and in her presence.

Fredona D. McClain
FREDONA D. McCLAIN

Subscribed and sworn to before me this 6th day of January, 1978

Catherine A. Bertoli
Catherine A. Bertoli
Notary Public, residing at San Jose, California
My commission expires Nov. 30, 1980

OFFICIAL SEAL
CATHERINE A. BERTOLI
NOTARY PUBLIC - CALIFORNIA
SANTA CLARA COUNTY
My Commission Expires Nov. 30, 1980

Witness: Catherine A. Bertoli
CATHERINE A. BERTOLI

Witness: Brenda Gardner
BRENDA GARDNER

JAN 24 1978

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 11 12 32 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 9125

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Doyle (female) (Name on Original Certificate) who was born (Was Born or Died) on Oct 15, 1912 (Date of Event)
in Malad, Idaho (Oneida) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Fredona Doyle

Subscribed and sworn to before me this 6th day of January 19 78

Catherine A. Bertoli

Notary Public, residing at San Jose, CA

My commission expires November 30, 1980

(Seal) ""SEE ADDENDUM"

Signed Zephyr S Doyle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

her X mark

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Santa Clara }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of January 1978

Catherine A. Bertoli

Notary Public, residing at San Jose, CA

My commission expires November 30, 1980

(Seal) CATHERINE A. BERTOLI
NOTARY PUBLIC - CALIFORNIA
SANTA CLARA COUNTY
My Commission Expires Nov. 30, 1980

Signed Brenda Garner
(Signature of Any Credible Person)

P.O. Box 911 Campbell, Ca
(Street Address, City, State)

DH 60-155 OL 11 23/77

Certif of Baptism and Confirmation from the LDS Church gives name as Fredona Doyle daughter of Michael Doyle and Zephyer Smith. born Oct 15, 192 at Malad, Idaho. Baptized Jan 24, 1921. viewed by V. S.

Marriage Certificate from Utah gives name as Robert Jesse McLain and Fredona Doyle. married Dec 30, 1941. Sealed March 30, 1953. viewed by V. S.

753-120-036-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No ____, ____ St.

Registration District No. 18 File No. 9126

Primary Registration District No. 2069 Registered No. 414

Hospital ____

FULL NAME OF CHILD Woodrow W. Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Oct 20 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John A Peterson	Hannah Jones
RESIDENCE	Malad	Malad
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	40	36
BIRTHPLACE	Malad Ida	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Clayton

Physician

(Physician or Midwife)

Address Malad

Given names added from a supplemental report

....., 19.....

Filed Nov 4 1912 D. C. Ray Registrar

....., Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

FEB 17 1972

DECEASED

349-120-036-399

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. (illegible)

County of Oneida

City of _____ Registration District No. 18 File No. 9127

No. _____ St. Primary Registration District No. 2077 Registered No. #18

Hospital _____

FULL NAME OF CHILD Robert Lewis Turner

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy.			Yes	10 26 1912

FATHER	MOTHER
FULL NAME: John Brodie Turner.	FULL MAIDEN NAME: Bertha Beulah Brinwell
RESIDENCE: Neeley	RESIDENCE: Neeley
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Camp Abellsville Kentucky	BIRTHPLACE: Lathrop Missouri
OCCUPATION: Ranching	OCCUPATION: Housewife

Number of child of this mother, including present birth: Two

Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 A.M. on the date above stated.

(Signature) Gussie C. Grayot

Midwife (Physician or midwife)

Address Neeley Idaho

Filed Nov 8 19 17 D. Clark Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____ 19____

_____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 14 1961

268-131-019-243

[redacted]CE OF BIRTH

Form V. S. No. 11-C—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of Challis *Registration District No.* 14 **File No.** 9128

No. ____, ____ *St.*

Primary Registration District No. 2061 **Registered No.** 65

Hospital ____

FULL NAME OF CHILD John Joseph Boyle

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct 31st, 1912

FATHER	MOTHER
FULL NAME: John Joseph Boyle	FULL MAIDEN NAME: Lillian F. Sullivan
RESIDENCE: Challis	RESIDENCE: Challis
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Penn	BIRTHPLACE: Ida.
OCCUPATION: Forester	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1.

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Whitby M. D.

(Physician or Midwife)

Address Challis, Ida.

Given names added from a supplemental report

....., 19.....

Filed Oct. 31st 19 12 C. L. Whitby

S-Y CO., 16670 *Registrar* *Registrar*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

294-120-019-643

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form S. No. 11-C—15m-6-20-11

County of Custer

City of Challis

Registration District No. 14

File No. 9129

No. ____, ____ St.

Primary Registration District No. 2061

Registered No. 64

Hospital

FULL NAME OF CHILD George Bruno

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day)
male			Yes	Oct 20

	FATHER	MOTHER
FULL NAME	George Erastus Bruno	FULL MAIDEN NAME Estelle Rose Fullmer
RESIDENCE	Challis.	Challis
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	30	23
BIRTHPLACE	Utah	Utah
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.45a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Kelley M. D. (Physician or Midwife)

Address Challis, Ida.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Oct 30th 1912 C. L. Hartley
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

613 - 218-019-537

PLACE OF BIRTH

[redacted]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

9130

County of Custer

City of Mackay — Registration District No. 14 — File No.

No. ____, ____ St. — Primary Registration District No. 2004 — Registered No. 63

Hospital Res

FULL NAME OF CHILD Ollie Wall

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Sept. 18", 192

FATHER	MOTHER
FULL NAME: John Wall	FULL MAIDEN NAME: Sarah Evans
RESIDENCE: Mackay	RESIDENCE: Mackay
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: R.R. Brakeman	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas Baker

(Physician or Midwife)

Address Mackay Idaho

Given name added from a supplemental report

....., 19.....

Filed Oct 3rd 19.12 C.L. Hawley

Registrar

.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

653-116-019-413

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

9131

County of Custer

City of Mackay

Registration District No. 14

File No.

No. , St.

Primary Registration District No. 2064

Registered No. 62

Hospital Res

FULL NAME OF CHILD Victor Fellini

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Sept. 16th, 1912.

FATHER	MOTHER
FULL NAME: Carlo Fellini	FULL MAIDEN NAME: Rachsle Datres
RESIDENCE: Mackay	RESIDENCE: Mackay
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Italy	BIRTHPLACE: Austria
OCCUPATION: Miner	OCCUPATION: Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas Baker

(Physician or Midwife)

Address Mackay Idaho

Given name added from a supplemental report

....., 19.....

Filed Oct 3rd 1912. C E Kirtley

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11—10m-8-43

JAN 17 1945

575 001-169

P[illegible]RTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11 C[illegible]

CERTIFICATE OF BIRTH

County of [illegible]

City of _____

Registration District No. 1 File No. 9132

No. _____ St.

Primary Registration District No. 2004 Registered No. 210

Hospital _____

FULL NAME OF CHILD Bill Jordan Vanderpool

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 12 1912

FATHER	MOTHER
FULL NAME Lewis Vanderpool	FULL MAIDEN NAME Julia Jordan
RESIDENCE Bonneton	RESIDENCE Bonneton
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Colorado
OCCUPATION Electrician	OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:45A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Address Baird, Ida.

Given names added from a supplemental report

..... 19.....

Filed Oct. 15, 1912 S. E. Shawhan
Registrar

..... Registrar

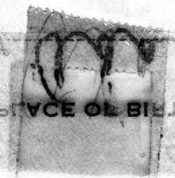
S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 2 1944



415-105-001-259

[redacted]

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Near Cole School

No. ____, ____ St.

Hospital ____

Registration District No. 1

File No. 9133

Primary Registration District No. 2004

Registered No. 211

FULL NAME OF CHILD Eugene William Davenport

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			L	Oct. 5, 1912

FATHER		MOTHER	
FULL NAME	Roscoe Davenport	FULL MAIDEN NAME	Florence ~~Hingley~~ Snider
RESIDENCE	Near Cole School	RESIDENCE	Near Cole School.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	~~36~~ 38	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	So Dakota	BIRTHPLACE	Kansas.
OCCUPATION	Farmer	OCCUPATION	House Wife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or dead~~) at 1.35 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Davenport

(Physician ~~or Midwife~~)

Address Boise Ida

Given names added from a supplemental report

____, 19____

Filed Oct 17 1912 G. E. Shewhan

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V.S. No. 11-C-1500-6-29-17

691-105-001-25-9.

PLACE OF BIRTH

[redacted]

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Near Cole School

No. ____, ____ St.

Hospital ____

Registration District No. 1

File No. 9134

Primary Registration District No. 2004

Registered No. 212

FULL NAME OF CHILD CARYL LELAND FRASIER

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			L	Oct. 6, 1912

FATHER	MOTHER
FULL NAME: David ~~Xxxx Xxxxx~~ FRASIER	FULL MAIDEN NAME: Edith Snider
RESIDENCE: Near Cole School.	RESIDENCE: Near Cole School
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 20 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Neb.	BIRTHPLACE: Kansas
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~), at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Brecka

(Physician or ~~Midwife~~)

Address Boise Idaho

Given names added from a supplemental report

____, 19____

Registrar

Filed Oct. 17 1912 H. E. Shawhan

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 9134
Date Filed 10-17-12

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Fraizier (Name on original certificate) who born (Was born or died) on Oct 5, 1912 (Date of event)
in Boise, Near Cole School (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Father (Bible record, insurance policy, etc.) prepared on Oct. 17, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Fraizier	Caryl Leland Fraser
last name	Fraizier	Fraser

Subscribed and sworn to before me this 17th
day of Oct., 19 41
Maynard L. Brennan
Notary Public, residing at Boise
My commission expires April 1, 1945
[SEAL]

Signed David J. Frasier
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Boise R.1.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of October, 19 41
Maynard L. Brennan
Notary Public, residing at Boise
My commission expires April 1, 1945
[SEAL]

Signed David J. Frasier
(Signature of any credible person other than the previous affiant.)
Boise R1.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

OCT 17 1941

217-108-001-294

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of

No. Franklin School St.

Hospital

Registration District No. 1

File No. 9135

Primary Registration District No. 2004

Registered No. 213

FULL NAME OF CHILD Lloyd Wilmer Sage

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			L	Oct. 8, 1912

FATHER		MOTHER	
FULL NAME	Claude W Sage	FULL MAIDEN NAME	Pearl Brumbaugh
RESIDENCE	Franklin School	RESIDENCE	Franklin School
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~), at 1.45 P.M. on the date above stated.

(Signature) John Boeck

(Physician or ~~Midwife~~)

Address Boise Ida.

Filed Oct. 17, 1912 E. E. Shawhan Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

553 - 115 - 001 - 261

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of

No. Bogart Station

Hospital

Registration District No. 1

File No. 9136

Primary Registration District No. 2002

Registered No. 214

FULL NAME OF CHILD ORVAL ANDREW NELSON

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		L	Oct 15, 1912

FATHER		MOTHER	
FULL NAME	Andrew Nelson	FULL MAIDEN NAME	Floyd Swank
RESIDENCE	Bogart Station	RESIDENCE	Bogart Station
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	farmer	OCCUPATION	H W

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~), at 9.15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician or ~~Midwife~~)

Address Boise Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct. 17, 19 12 E. E. Shawhan

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of County Ada

Certificate No. 9136
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for (Name on original certificate) who (Was born or died) on Oct 15 1912 (Date of event)
in Roe Ane Boise (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on Oct. 15 1912 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Not Named	Orval Andrew Nelson

Subscribed and sworn to before me this 10th.
day of October, 19 41

Notary Public, residing at Boise, Idaho
My commission expires April 18, 1943
[SEAL]

Signed Mrs. Flory B. Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
803 Gardenia Long Beach Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of October, 19 41.

Notary Public, residing at Boise, Idaho
My commission expires April 18, 1943
[SEAL]

Signed Jessie F. Swank
(Signature of any credible person other than the previous affiant.)
Roe Ane - R.F.D #1
(Street Address, City, State)
Boise, Idaho.

Received for filing on By
(Registrar's signature)

OCT 10 1941

SEP 23 1976

159-213-001-495

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ada

City of Star

No —, — St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 1 File No 9[illegible]

Primary Registration District No 2001 Registered No. 215

FULL NAME OF CHILD Gwendolyn Gabriella Geil

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	Yes	Oct 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo G. Geil	Louisa Klingen
RESIDENCE	Star Ida	Star Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	22	25
BIRTHPLACE	Ida	Oregon
OCCUPATION	Steam Engineer	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Yeakey

(Physician or Midwife)

Address —

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Oct 18, 1912 19 12

C. E. Shanahan
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

JUL 13 1965

692-206-001-192

Form V.S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

No. _____ St.

Hospital _____

Registration District No. 1 File No. 9138

Primary Registration District No. 2002 Registered No. 216

FULL NAME OF CHILD Pearl Ida Fisher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 6 1912

FATHER		MOTHER	
FULL NAME	Wel E Fisher	FULL MAIDEN NAME	Clara B Aikens
RESIDENCE	Drycreek Ida	RESIDENCE	Drycreek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Eagle Dist. Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.40 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O R Bloom M.D.

(Physician or midwife)

Address Eagle Ida

Given names added from a supplemental report

..... 19.....

Filed Oct. 21, 1912 E. E. Shawhan Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 5 - 1953

239 - 225-001-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ada

City of Boise

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

9139

Registration District No. 1 File No. ____

Primary Registration District No. 2004 Registered No. 217

FULL NAME OF CHILD DOROTHY DORIS STILWELL

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	—	Yes	Oct. 25, 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: James Burdette Stilwell	FULL MAIDEN NAME: Minerva Eleanor Burkholder
RESIDENCE: Boise outside of limits	RESIDENCE: Boise 298 Washington
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Argyle, Wis.	BIRTHPLACE: Denmark Iowa
OCCUPATION: Carpenter	OCCUPATION: House wife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3.15 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Shawhan

Physician

(Physician or ~~Midwife~~)

Boise, Ida.

Address

Given names added from a supplemental report

....., 19.....

Filed Oct. 25 1912 G. E. Shawhan, Registrar

....., Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Payette }

Certificate No. 9139

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Dorathy Doris Stilwell (Name on Original Certificate) who was born (Was Born or Died) on Oct. 25, 1912 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Dorothy Doris Stilwell
Mother's name	Minerva Eleanor	Minerva Eleanor Burkholder

Subscribed and sworn to before me this 22nd
day of May, 19 42

Helen F. Dunn

Notary Public, residing at Payette, Idaho

My commission expires Sept. 10, 1945
(Seal)

Signed Minnie E. Stilwell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Payette, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Payette }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd
day of May, 19 42

Helen F. Dunn

Notary Public, residing at Payette, Idaho

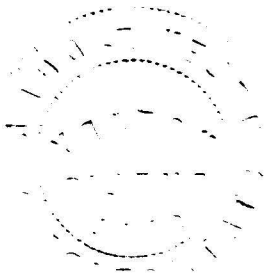
My commission expires Sept. 10, 1945
(Seal)

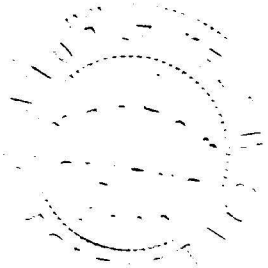
Signed Goldie V Pearson
(Signature of Any Credible Person Other Than Previous Year)

Payette, Idaho
(Street Address, City, State)

MAY 23 1942

MAY 27 1942





981-222-001-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Star

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9140

Registration District No. 1 File No. .....

Primary Registration District No. 2001 Registered No. 218

FULL NAME OF CHILD Annie Lee Ryals

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F M			Yes	Sept 22 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	William R Ryals	FULL MAIDEN NAME	Annie Fowler
RESIDENCE	Star	RESIDENCE	Star
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Real Estate	OCCUPATION	Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A W Hall MD

(Physician or midwife)

Address Star Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct. 29 19 12 G E Shawhan
Registrar

..... Registrar

S-Y CO. 20174

Form V. S. No. U-C—Rev. 2-15-12

ATE OF IDAHO
E VITAL STATISTICS

Own child's birth cert. #400811, shows name as Annie Lee Ryals, viewed by V.S.; Elementary Public School Diploma, dated May 18, 1928, Boise, Idaho; show name as Annie Lee Ryals, viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 9140

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for not named Ryals (Name on Original Certificate) who was born (Was Born or Died) on Sept. 22, 1912 (Date of Event)
in Star (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Not named Ryals	Annie Lee Ryals

Subscribed and sworn to before me this 17 day of August, 1939

Harold L. Hurlbert
Notary Public, residing at Eagle, Idaho
My commission expires Sept 28, 1940
(Seal)

Signed Marie Georgeadis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3711 Ney Place Boise, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

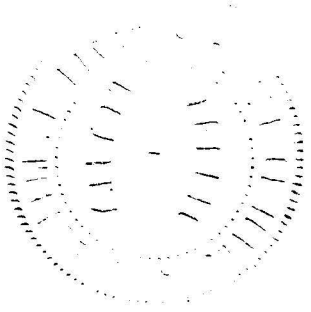
Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH 55.155

AUG 17 1959

JUL 2 1974



254-127-001-465-

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Highland Valley — Registration District No. 1 — File No. 9141

No. Bedal's Ranch — Primary Registration District No. 2004 — Registered No. 220

Hospital

FULL NAME OF CHILD Isaac LaVerne Bedal.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	Yes.	Oct 27, 1912.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Bedal	Jessie Donley.
RESIDENCE	Highland Valley	Highland Valley.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	35	36
BIRTHPLACE	Colorado.	Illinois
OCCUPATION	Rancher.	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph H. Shaw.

Physician

(Physician or Midwife)

Address U.S.R.S. Hospital Arrowrock.

Given names added from a supplemental report

....., 19.....

Filed Nov. 2, 1912 G. E. Shawhan

Registrar

S-Y CO., 16670

Registrar

FEB 1 2 1974

713-113-001-255

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

9142

County of Ada

City of ____ Registration District No. 1 File No. ____

No. School Dist Hatch. Primary Registration District No. 2002 Registered No. 221

Q.T.D. No 2.

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct. 13, 1912

	FATHER	MOTHER
FULL NAME	Brinker T. Gatekin	FULL MAIDEN NAME Bertha M. Keeth.
RESIDENCE	Nampa Idaho	RESIDENCE Nampa Idaho.
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY 32 yrs (Years)
BIRTHPLACE	Ind.	BIRTHPLACE Iowa
OCCUPATION	Mechanic	OCCUPATION H. W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Earl Kil

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Nov. 2, 1912 G. G. Shawhan

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

RATEKIN

DUP OF 1912-33:2702

2 LAST NAME

785-114-001-793

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Belfry Sch. Dist.

No. R.F.D., 201 St.

Hospital

Registration District No. Belfry Sch. Dist. R.F.D. No. 1

File No. 9143

Primary Registration District No. 2004.

Registered No. 222

FULL NAME OF CHILD HORACE ELSWORTH PYEATT

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Oct. 14, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clayton D. Pyeatt	FULL MAIDEN NAME	Clara Gilchrist
RESIDENCE	School Dist. Belford R.F.D. No. 1	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	31 yrs.	AGE AT LAST BIRTHDAY (Years)	26 yrs
BIRTHPLACE	Texas	BIRTHPLACE	Utah
OCCUPATION	Vet. Surgeon.	OCCUPATION	H.W.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Earl Kiel

(Physician or ~~Midwife~~)

Address Boise Ida.

Given names added from a supplemental report

....., 19.....

Filed Nov. 2 19 12 E. J. Shawhan

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 31 1942
JAN 4 1943

Cert. named from card 12/16/42 Z.J.

168-215-001-115

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9144

County of Ada

City of Boise

No. ____ St.

Hospital ____

Registration District No. 1

Primary Registration District No. 2004

File No. ____

Registered No. 253

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	10 15 1912

FATHER		MOTHER	
FULL NAME	Orlando B. Johnson	FULL MAIDEN NAME	Kittie Janssen
RESIDENCE	Mavis Hill	RESIDENCE	Mavis Hill
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Hse

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Allen Ouldaveay

Physician
(Physician or midwife)

Address Boise Ida

Given names added from a supplemental report

____ 19____

____ Registrar

Filed Nov. 4, 1912 G. E. Shawhan
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1912 - 151467

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9145

City of Baise (022-227-001-79) Registration District No. 1 File No.

No. St. Primary Registration District No. 2004 Registered No. 224

Hospital

FULL NAME OF CHILD Ursle Gertrude Osborne

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes	Sept. 27 1912

FATHER		MOTHER	
FULL NAME	Thos Osborne	FULL MAIDEN NAME	Gertrude Gribble
RESIDENCE	S. Baise	RESIDENCE	S Baise
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	England	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	Hw.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Coldwell

Physician (Physician or midwife)

Address Baise Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Nov. 4, 1912 E. E. Shawhan
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 7-3-72

PLACE OF BIRTH

Utah

BUREAU OF VITAL STATISTICS

IDAHO DEPARTMENT OF HEALTH 3 1 71

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 3 3 56 PM '72

State of ..... } ss.
County of ..... }

Certificate No. 9145

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Ursle Gertrude Osborne (Name on Original Certificate) who born (Was Born or Died) on Oct. 27, 1912 (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birthdate	Oct. 27, 1912	Sept. 27, 1912

Subscribed and sworn to before me this 3rd day of July, 1972

Florence Courtright

Notary Public, residing at Boise

My commission expires 4-30-74

(Seal)

Signed Gertrude Osborne Henningsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

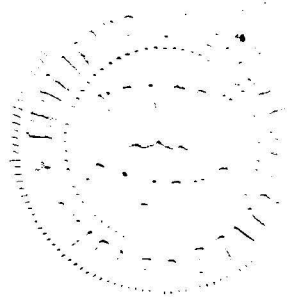
Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

Family Bible Record gives name as Ursle Gertrude Osborne born Sept. 27, 1912 in Boise, Idaho. Father Thomas Osborne and Gertrude Gribble. Obviously old.
Viewed by V.S.

JUL 7 1972

Boise High School Cumulative Reoord Card gives date of Birth as Sept. 27, 1912.
Parent Thomas Osborne. Attended Feb. 19, 1928.
Viewed by V.S.



PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11C—Rev. 1-07

County of Ada

City of Riverside

96-22-00.895

Registration District No. 1

File No. 9146

No. ____, ____ St.

Primary Registration District No. 2004

Registered No. 225

Hospital ____

FULL NAME OF CHILD MARGARET IRENE RIOPELLE

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			L.	Oct 22 1912

FATHER		MOTHER	
FULL NAME	Wm Riopelle	FULL MAIDEN NAME	Irene Hill
RESIDENCE	Riverside	RESIDENCE	Riverside
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Sweden
OCCUPATION	Mail Clerk	OCCUPATION	H. W.

Number of child of this mother, including present birth 5

Number of children of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive ~~or stillborn~~ at 4 A M. on the date above stated.

(Signature) John Bouck

(Physician ~~or Midwife~~)

Address Boise Idaho

Filed Nov. 7, 1912 E. E. Shawhan Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-52-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

JAN 28 1958

Dup #1912-237556

718-111-001-75-6

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Star

Registration District No. 1

File No. 9147

No. ____, ____ St.

Primary Registration District No. 2001

Registered No. 228

Hospital ____

FULL NAME OF CHILD Kenneth Marwin Gaylord

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes.	Oct 11, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Park Leslie Gaylord	Ezra M. George
RESIDENCE	Star	Star
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	17
BIRTHPLACE	Iowa	Mo.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary R. Gaylord

(~~Physician~~ or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Nov. 9, 1912 E. E. Shawhan Registrar

S-Y CO., 15670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 3 1976

914 - 222-001-386

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Star

Registration District No. 1

File No. 9148

No. ____, ____ St.

Primary Registration District No. 2001

Registered No. 229

Hospital ____

FULL NAME OF CHILD Estes May Rambo.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes.	Oct 22, 1912

FATHER		MOTHER	
FULL NAME	Jessy Curtis Rambo	FULL MAIDEN NAME	Bertha F. Thompson
RESIDENCE	Star	RESIDENCE	Star
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Tennessee	BIRTHPLACE	Kansas
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Mangle M. D.

(Physician or Midwife)

Given names added from a supplemental report

Oct 22, 1912 Address Star

J. E. Mangle Filed Oct 22 1912 J. E. Mangle

Clerk — Registrar Registrar

S-Y CO., 5670

Nov. 9, 1912. G. P. Shawhan

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

10-1-41

533 - 205 - 001 - 412

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

No. ____, ____ St.

Hospital ____

Registration District No. 1

File No. 9149

Primary Registration District No. 2002

Registered No. 230

FULL NAME OF CHILD Georgia Fay Ellis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	Oct 5, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Jefferson Ellis.	Norma Maud Mason
RESIDENCE	Owyhee Ada Co.	Owyhee
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	23	19
BIRTHPLACE	Kansas.	Montana.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Mangle M.D.

(Physician or Midwife)

Address Star

Given names added from a supplemental report

Oct 5, 1912

J. S. Mangle Asst. Registrar

Filed Oct 5 1912

Nov. 9, 1912 G. E. Bloomhuff Registrar

S-Y CO., 16970

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

252-204-001-493

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Star

Registration District No. 1

File No. 9150

No. ____, ____ St.

Primary Registration District No. 2001

Registered No. 231

Hospital ____

FULL NAME OF CHILD Leola Marie Bess.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes	Oct 4, 1912

FATHER		MOTHER	
FULL NAME	Grover Cleveland Bess	FULL MAIDEN NAME	Bessie Miley
RESIDENCE	Star	RESIDENCE	Star
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Mayle M. D.

(Physician or Midwife)

Address Star

Given names added from a supplemental report

Oct 4, 1912

J. E. Mayle

Registrar

Filed Oct 4, 1912

J. E. Mayle

Registrar

S. CO. 16670

Nov. 9, 1912

E. E. Showalter

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated